

B4 (Official Form 4) (12/07)

**United States Bankruptcy Court  
Western District of Pennsylvania**

In re **Brownsville Health Services, Inc.**

Debtor(s)

Case No. **09-20998**

Chapter **11**

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
ALLEGHENY POWER 800 CABIN HILL DRIVE GREENSBURG, PA 15606	ALLEGHENY POWER 800 CABIN HILL DRIVE GREENSBURG, PA 15606	Trade Debt		85,417.01
Brownsville Bus Line c/o Frank Ricco 101 Center Street Brownsville, PA 15417	Brownsville Bus Line c/o Frank Ricco 101 Center Street Brownsville, PA 15417	Trade Debt		392,000.00
C & G TECHNOLOGIES 6209 GHEENS MILL ROAD JEFFERSONVILLE, IN 47130	C & G TECHNOLOGIES 6209 GHEENS MILL ROAD JEFFERSONVILLE, IN 47130	Trade Debt		75,500.00
COLUMBIA GAS OF PA, INC. PO BOX 9001846 LOUISVILLE, KY 40290	COLUMBIA GAS OF PA, INC. PO BOX 9001846 LOUISVILLE, KY 40290	Trade Debt		136,740.58
CPSI CLEAR DIRECTION PO BOX 850309 MOBILE, AL 36685	CPSI CLEAR DIRECTION PO BOX 850309 MOBILE, AL 36685	Trade Debt		187,440.16
DAN TAYLOR INTERIORS, INC 190 BILMAR DRIVE, SUITE 150 PITTSBURGH, PA 15205	DAN TAYLOR INTERIORS, INC 190 BILMAR DRIVE, SUITE 150 PITTSBURGH, PA 15205	Trade Debt		87,380.66
HIGHMARK BLUE SHIELD SUITE 2331, TEAM 2284, PO BOX 382146 PITTSBURGH, PA 15250	HIGHMARK BLUE SHIELD SUITE 2331, TEAM 2284, PO BOX 382146 PITTSBURGH, PA 15250	Trade Debt		330,468.84
Internal Revenue Service Philadelphia, PA 19255	Internal Revenue Service Philadelphia, PA 19255	Trade Debt		1,529,987.94
LAB CORP PO BOX 12140 BURLINGTON, NC 27216	LAB CORP PO BOX 12140 BURLINGTON, NC 27216	Trade Debt		84,979.29
MASTECH CONSTRUCTION & INTERIORS, INC. 101 RIVER ROAD MCKEES ROCKS, PA 15136	MASTECH CONSTRUCTION & INTERIORS, INC. 101 RIVER ROAD MCKEES ROCKS, PA 15136	Trade Debt		193,357.50

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In re **Brownsville Health Services, Inc.**

Case No. **09-20998**

Debtor(s)

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**  
(Continuation Sheet)

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
<b>MONGIOVI &amp; SON FIRE PROTECTION SERVICES</b> 190 BILMAR DRIVE, SUITE 100 PITTSBURGH, PA 15205	<b>MONGIOVI &amp; SON FIRE PROTECTION SERVICES</b> 190 BILMAR DRIVE, SUITE 100 PITTSBURGH, PA 15205	Trade Debt		129,810.50
<b>MONGIOVI &amp; SON PLUMBING CONTRACTOR, LP</b> 190 BILMAR DRIVE, SUITE 100 PITTSBURGH, PA 15205	<b>MONGIOVI &amp; SON PLUMBING CONTRACTOR, LP</b> 190 BILMAR DRIVE, SUITE 100 PITTSBURGH, PA 15205	Trade Debt		156,057.35
<b>ORTHO-CLINICAL DIAGNOSTICS</b> ORTHO CLINICAL DIAGNOSTICS LOCKBOX 12 5972 COLLECTIONS CENTER DR. CHICAGO, IL 60693	<b>ORTHO-CLINICAL DIAGNOSTICS</b> ORTHO CLINICAL DIAGNOSTICS LOCKBOX 12 5972 COLLECTIONS CENTER DR. CHICAGO, IL 60693	Trade Debt		111,481.89
<b>PARKVALE BANK</b> PO BOX 607 MONROEVILLE, PA 15146	<b>PARKVALE BANK</b> PO BOX 607 MONROEVILLE, PA 15146	Trade Debt		241,076.38
<b>Parkvale Bank</b> 6023 National Pike East Grindstone, PA 15442	<b>Parkvale Bank</b> 6023 National Pike East Grindstone, PA 15442	Trade Debt		998,846.07
<b>TICO ELECTRIC, INC</b> 120 Atlantic Avenue McKeesport, PA 15132	<b>TICO ELECTRIC, INC</b> 120 Atlantic Avenue McKeesport, PA 15132	Trade Debt		132,413.41
<b>WALLY CORPORATION</b> 408 WALLY DR PO BOX BB UNIONTOWN, PA 15401	<b>WALLY CORPORATION</b> 408 WALLY DR PO BOX BB UNIONTOWN, PA 15401	Trade Debt		872,231.21
<b>WELCH ALLYN</b> CREDIT DEPARTMENT PO BOX 220 SKANEATELES FALLS, NY 13153-0220	<b>WELCH ALLYN</b> CREDIT DEPARTMENT PO BOX 220 SKANEATELES FALLS, NY 13153- 0220	Trade Debt		106,975.35
<b>WORLDWIDE FINANCIAL NETWORK INC</b> MAURICE I. HORIWITZ SPOUSAL TRUST 370 MAIN STREET STE 925 WORCHESTER, MA 01608	<b>WORLDWIDE FINANCIAL NETWORK INC</b> MAURICE I. HORIWITZ SPOUSAL TRUST 370 MAIN STREET STE 925 WORCHESTER, MA 01608	Trade Debt		102,083.20
<b>WORLDWIDE FINANCIAL NETWORK INC</b> JOHN STALICK 7233 CHURCH RANCH WESTMINSTER, CO 80021	<b>WORLDWIDE FINANCIAL NETWORK INC</b> JOHN STALICK 7233 CHURCH RANCH WESTMINSTER, CO 80021	Trade Debt		87,423.36

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In re Brownsville Health Services, Inc.

Debtor(s)

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**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**  
(Continuation Sheet)

**DECLARATION UNDER PENALTY OF PERJURY  
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, the Chairman of the Board of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date March 20, 2009

Signature /s/ Frank Ricco

**Frank Ricco**

**Chairman of the Board**

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court  
Western District of Pennsylvania**

In re **Brownsville Health Services, Inc.**

Debtor

Case No. **09-20998**

Chapter **11**

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	0.00		
B - Personal Property	Yes	3	5,000,000.00		
C - Property Claimed as Exempt	No	0			
D - Creditors Holding Secured Claims	Yes	1		0.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	47		7,635,989.90	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	No	0			N/A
J - Current Expenditures of Individual Debtor(s)	No	0			N/A
Total Number of Sheets of ALL Schedules		55			
Total Assets			5,000,000.00		
Total Liabilities				7,635,989.90	

**United States Bankruptcy Court  
Western District of Pennsylvania**

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Debtor

Case No. **09-20998**

Chapter **11**

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	
Student Loan Obligations (from Schedule F)	
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	
TOTAL	

**State the following:**

Average Income (from Schedule I, Line 16)	
Average Expenses (from Schedule J, Line 18)	
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column		
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		
4. Total from Schedule F		
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		

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Debtor

### SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
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None

Sub-Total > **0.00** (Total of this page)

Total > **0.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

In re **Brownsville Health Services, Inc.**Case No. **09-20998**

Debtor

**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<b>Parkvale Savings Bank Checking Account Grindstone Branch</b>	-	<b>0.00</b>
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.	X			
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.	X			
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			

Sub-Total > **0.00**  
(Total of this page)

2 continuation sheets attached to the Schedule of Personal Property

In re **Brownsville Health Services, Inc.**

Case No. **09-20998**

Debtor

**SCHEDULE B - PERSONAL PROPERTY**  
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	<b>X</b>			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	<b>X</b>			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.		<b>100% Owner West Point Health Corporation</b>	-	<b>Unknown</b>
		<b>100% Owner Brownsville Property Corporation</b>	-	<b>Unknown</b>
14. Interests in partnerships or joint ventures. Itemize.	<b>X</b>			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	<b>X</b>			
16. Accounts receivable.		<b>Various Accounts</b>	-	<b>5,000,000.00</b>
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	<b>X</b>			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	<b>X</b>			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>			

Sub-Total > **5,000,000.00**  
(Total of this page)

Sheet **1** of **2** continuation sheets attached  
to the Schedule of Personal Property



In re **Brownsville Health Services, Inc.**

Case No. **09-20998**

Debtor

**SCHEDULE B - PERSONAL PROPERTY**  
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.	<b>X</b>			
26. Boats, motors, and accessories.	<b>X</b>			
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.		<b>Various Office Equipment</b>	-	<b>Unknown</b>
29. Machinery, fixtures, equipment, and supplies used in business.		<b>Various Medical Equipment and Supplies</b>	-	<b>Unknown</b>
30. Inventory.	<b>X</b>			
31. Animals.	<b>X</b>			
32. Crops - growing or harvested. Give particulars.	<b>X</b>			
33. Farming equipment and implements.	<b>X</b>			
34. Farm supplies, chemicals, and feed.	<b>X</b>			
35. Other personal property of any kind not already listed. Itemize.	<b>X</b>			

Sub-Total > **0.00**  
(Total of this page)  
Total > **5,000,000.00**

(Report also on Summary of Schedules)

Sheet **2** of **2** continuation sheets attached  
to the Schedule of Personal Property

B6D (Official Form 6D) (12/07)

In re **Brownsville Health Services, Inc.**Case No. **09-20998**

Debtor

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor" ,include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D, N A T U R E O F L I E N, A N D D E S C R I P T I O N A N D V A L U E O F P R O P E R T Y S U B J E C T T O L I E N	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M W I T H O U T D E D U C T I N G V A L U E O F C O L L A T E R A L	U N S E C U R E D P O R T I O N, I F A N Y
Account No.			<b>2007-8</b>					
<b>Presidential Healthcare Credit Co. c/o Eckert Seamans Cherin &amp; Mellott, LLC Peter N. Pross USX Tower, 44th Floor Pittsburgh, PA 15219</b>		-	<b>Security Interest in all assets of Debtor</b>					
			Value \$ <b>0.00</b>				<b>Unknown</b>	<b>Unknown</b>
Account No.								
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					
Subtotal (Total of this page)							<b>0.00</b>	<b>0.00</b>
Total (Report on Summary of Schedules)							<b>0.00</b>	<b>0.00</b>

0 continuation sheets attached

In re **Brownsville Health Services, Inc.**

Case No. **09-20998**

Debtor

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

### TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

#### ☐ Domestic support obligations

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

#### ☐ Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

#### ☐ Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

#### ☐ Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

#### ☐ Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

#### ☐ Deposits by individuals

Claims of individuals up to \$2,425\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

#### ☐ Taxes and certain other debts owed to governmental units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

#### ☐ Commitments to maintain the capital of an insured depository institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

#### ☐ Claims for death or personal injury while debtor was intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re **Brownsville Health Services, Inc.**Case No. **09-20998**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.  <b>A&amp;I SALES</b> <b>60 W. FAYETTE ST.</b> <b>UNIONTOWN, PA 15401</b>		-	<b>2007-2008</b> <b>Trade Debt</b>		X		<b>1,683.46</b>
Account No.  <b>ABBOTT NUTRITION</b> <b>75 REMITTANCE DRIVE, SUITE 1310</b> <b>CHICAGO, IL 60675</b>		-	<b>2007-2008</b> <b>Trade Debt</b>				<b>2,183.54</b>
Account No.  <b>ADVANTICOM</b> <b>1010 WESTERN AVENUE, 7TH FLOOR</b> <b>PITTSBURGH, PA 15233</b>		-	<b>2007-2008</b> <b>Trade Debt</b>				<b>4,800.00</b>
Account No.  <b>AFLAC</b> <b>ATTN: REMITTANCE PROCESSING</b> <b>SERVICES</b> <b>1932 WYNNTON ROAD</b> <b>COLUMBUS, GA 31999</b>		-	<b>2007-2008</b> <b>Trade Debt</b>				<b>8,774.72</b>
Subtotal (Total of this page)							<b>17,441.72</b>

46 continuation sheets attached

In re **Brownsville Health Services, Inc.**

Case No. **09-20998**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			2007-2008 Trade Debt				
<b>AIR CLEAN SYSTEMS</b> 3248 LAKE WOOD DRIVE RALEIGH, NC 27604		-					804.54
Account No.			2007-2008 Trade Debt				
<b>AIRTEK, INC.</b> PO BOX 466 IRWIN, PA 15642		-					1,024.00
Account No.			2007-2008 Trade Debt				
<b>ALL AROUND FENCE COMPANY</b> 7896 NATIONAL PIKE, PO BBOX 1126 UNIONTOWN, PA 15401		-					0.00
Account No.			2007-2008 Trade Debt				
<b>ALLAN'S WASTE WATER SERVICE</b> 1487 TOMS RUN ROAD HOLBROOK, PA 15341		-					546.00
Account No.			2007-2008 Trade Debt				
<b>ALLEGHENY GENERAL HOSPITAL</b> 320 EAST NORTH AVENUE PITTSBURGH, PA 15212		-					500.00
Subtotal (Total of this page)							<b>2,874.54</b>

Sheet no. **1** of **46** sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

In re **Brownsville Health Services, Inc.**

Case No. **09-20998**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			2007-2009 Trade Debt				
ALLEGHENY POWER 800 CABIN HILL DRIVE GREENSBURG, PA 15606	-						85,417.01
Account No.			2007-2009 Trade Debt				
ALLIED WASTE SERVICES RR #1, BOX 716, LANDFILL ROAD SCOTSDALE, PA 15683	-						2,677.09
Account No.			2007-2008 Trade Debt				
AMERISOURCE BERGEN 6305 LASALLE DRIVE LOCKBOURNE, OH 43137	-						74,443.57
Account No.			2007-2008 Trade Debt				
APOTHECARE PHARMACY 278 MCCLELLANDTOWN ROAD UNIONTOWN, PA 15401	-				X		1,501.60
Account No.			2007-200 Trade Debt				
ARMSTRONG MEDICAL INDUSTRIES, INC. 575 KNIGHTSBRIDGE PARKWAY, PO BOX 700 LINCOLNSHIRE IL 06069	-						2,159.94
Subtotal (Total of this page)							166,199.21

Sheet no. 2 of 46 sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

In re **Brownsville Health Services, Inc.**

Case No. **09-20998**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			2007-2008 Trade Debt				0.00
ARROW INTERNATIONAL INC 2400 BERNVILLE ROAD READING, PA 19605		-					
Account No.			2007-2008 Trade Debt				1,000.00
ASHOK SAHAI MD 129 SIMPSON ROAD SUITE 101 BROWNSVILLE, PA 15417		-					
Account No.			2007-2008 Trade Debt				11,066.78
ATLANTIC BROADBAND PO BOX 371801 PITTSBURGH, PA 15250		-					
Account No.			2007-2008 Trade Debt				4,642.56
AUTOMATED ENTRANCE SYSTEMS, INC. 313 ARCHIE STREET OAKMONT, PA 15139		-					
Account No.			2007-2008 Trade Debt				8,105.00
BASIC COMMUNICATIONS I 598 RIDGE ROAD DAYTON, PA 16222		-					
Subtotal (Total of this page)							<b>24,814.34</b>

Sheet no. **3** of **46** sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

In re **Brownsville Health Services, Inc.**

Case No. **09-20998**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.  <b>BAXTER HEALTHCARE CORP PO BOX 33037 NEWARK, NJ 07188</b>		-	<b>2007-2008 Trade Debt</b>				<b>20,191.81</b>
Account No.  <b>BECKMAN COULTER, INC 4300 N. HARBOR BLVD. PO BOX 3100 FULLERTON, CA 92834</b>		-	<b>2007-2008 Trade Debt</b>				<b>53,132.54</b>
Account No.  <b>BELNICK, INC (BIZCHAIR) 4350 BALL GROUND HIGHWAY CANTON, GA 30114</b>		-	<b>2007-2008 Trade Debt</b>				<b>1,396.04</b>
Account No.  <b>BEST PLUMBING SPECIALTIES, INC PO BOX 750 MYERSVILLE, MD 21773</b>		-	<b>2007-2008 Trade Debt</b>				<b>1,840.58</b>
Account No.  <b>BIG TOP PARTY TENT RENTALS CHRIS MCMANUS; 154 WASHINGTON DRIVE FAYETTE CITY, PA 15438</b>		-	<b>2007-2008 Trade Debt</b>				<b>860.00</b>
Sheet no. <b>4</b> of <b>46</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page) <b>77,420.97</b>



In re **Brownsville Health Services, Inc.**

Case No. **09-20998**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			<b>2007-2008 Trade Debt</b>				
<b>BIO-RAD LABORATORIES, INC. CLINICAL DIAGNOSTIC GROUP, DEPT. 9740 LOS ANGELES, CA 90084</b>		-					<b>1,779.23</b>
Account No.			<b>2007-2008 Trade Debt</b>				
<b>BIOMERIEUX, INC. PO BOX 500308 ST. LOUIS, MO 63150</b>		-					<b>3,438.07</b>
Account No.							
<b>BOILER ROOM SERVICES PO BOX 558 IMPERIAL, PA 15126</b>		-					<b>0.00</b>
Account No.			<b>2007-2008 Trade Debt</b>				
<b>BOZIC COMMUNCATIONS, INC. PO BOX 129 MIDWAY, PA 15060</b>		-					<b>15,198.30</b>
Account No.			<b>2007-2008 Trade Debt</b>				
<b>BRACCO DIAGNOSTICS INC PO BOX 532411 ATLANTA, GA 30353</b>		-					<b>6,597.99</b>
Subtotal (Total of this page)							<b>27,013.59</b>

Sheet no. **5** of **46** sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

In re **Brownsville Health Services, Inc.**

Case No. **09-20998**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
Account No.								
BRIGGS CORPORATION PO BOX 1355 DESMOINES, IA 50306		-					0.00	
Account No.								
BRIGHTPAGES.COM PO BOX 15132 WILMINGTO, DE 19850-5132		-					0.00	
Account No.			2007-2008 Trade Debt					
Brownsville Area School District 1025 Lewis Street Brownsville, PA 15417		-					11,396.77	
Account No.								
BROWNSVILLE BOYS BASKETBALL BOOSTERS PO BOX 402 REPUBLIC, PA 15475		-					0.00	
Account No.			2007-2008 Trade Debt					
Brownsville Bus Line c/o Frank Ricco 101 Center Street Brownsville, PA 15417		-					392,000.00	
Sheet no. 6 of 46 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	403,396.77

In re **Brownsville Health Services, Inc.**

Case No. **09-20998**

Debtor

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.			2007-2008 Trade Debt				334.63
BROWNSVILLE HARDWARE 6027 NATIONAL PIKE GRINDSTONE, PA 15442	-						
Account No.			2007-2008 Trade Debt				49,224.00
BROWNSVILLE RADIOLOGY, PC THREE GATEWAY CENTER, 20TH FLOOR, 401 LIBERTY AVENUE, SUITE 2000 PITTSBURGH, PA 15222	-						
Account No.			2007-2008 Trade Debt				75,500.00
C & G TECHNOLOGIES 6209 GHEENS MILL ROAD JEFFERSONVILLE, IN 47130	-						
Account No.							0.00
C. SCOTT GILBERT COMMUNICATIONS, LLC 183 MAIN STREET BROOKVILLE, PA 15825	-						
Account No.							0.00
CALLIBRA/ INNOVATIVE PROJECTS LAB, INC. SUITE 1400, 1450 EAST AMERICAN LANE SCHAUMBURG, IL 60173	-						
Sheet no. 7 of 46 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)				125,058.63

In re **Brownsville Health Services, Inc.**

Case No. **09-20998**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.  <b>Cap College of American Pathology</b> <b>325 Waukegon Road</b> <b>Winnetka, IL 60093</b>		-	<b>2007-2008</b> <b>Trade Debt</b>				<b>6,753.42</b>
Account No.  <b>CARDELLO ELECTRIC SUPPLY &amp; LIGHTING</b> <b>701 NORTH POINT DRIVE</b> <b>PITTSBURGH, PA 15233</b>		-	<b>2007-2008</b> <b>Trade Debt</b>				<b>2,795.00</b>
Account No.  <b>CARDINALHEALTH</b> <b>7000 CARDINAL PLACE, METRO #3</b> <b>DUBLIN, OH 43017</b>		-	<b>2007-2008</b> <b>Trade Debt</b>				<b>3,308.38</b>
Account No.  <b>CARSTENS</b> <b>7310 W. WILSON AVENUE, PO BOX</b> <b>99110</b> <b>CHICAGO, IL 60656</b>		-	<b>2007-2008</b> <b>Trade Debt</b>				<b>842.82</b>
Account No.  <b>CENTER INDEPENDENT OIL CO.</b> <b>407 ROWES RUN ROAD</b> <b>SMOCK, PA 15480</b>		-	<b>2007-2008</b> <b>Trade Debt</b>				<b>6,390.90</b>
Sheet no. <b>8</b> of <b>46</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>20,090.52</b>

In re **Brownsville Health Services, Inc.**

Case No. **09-20998**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
<b>CENTRAL BLOOD BANK OF PITTSBURGH PO BOX 3475 PITTSBURGH, PA 15230</b>		-					<b>0.00</b>
Account No.			<b>2007-2008 Trade Debt</b>				
<b>CLARITY IMAGING TECHNOLOGIES, INC. 75 CADWELL DRIVE, SUITE A Springfield, MA 01104</b>		-					<b>714.30</b>
Account No.			<b>2007-2008 Trade Debt</b>				
<b>CLIA LABORATORY PROGRAM PO BOX 70948 CHARLOTTE, NC 28272</b>		-					<b>2,937.00</b>
Account No.			<b>2007-2008 Trade Debt</b>				
<b>COLUMBIA GAS OF PA, INC. PO BOX 9001846 LOUISVILLE, KY 40290</b>		-					<b>136,740.58</b>
Account No.			<b>2007-2008 Trade Debt</b>				
<b>CONSOLIDATED COMMUNICATIONS 2710 ROCHESTER ROAD CRANBERRY TOWNSHIP, PA 16066</b>		-					<b>16,715.65</b>
Subtotal (Total of this page)							<b>157,107.53</b>

Sheet no. **9** of **46** sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

In re **Brownsville Health Services, Inc.**

Case No. **09-20998**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			<b>2007-2008 Trade Debt</b>				
<b>CORNER SECURITY 137 CENTER STREET MILLSBORO, PA 15348</b>		-					<b>6,272.00</b>
Account No.			<b>2007-2008 Trade Debt</b>				
<b>CORPORATE EXPRESS, INC. PO BOX 71217 CHICAGO, IL 60694</b>		-					<b>6,294.90</b>
Account No.			<b>2007-2008 Trade Debt</b>				
<b>COURTESY OIL 429 PECHIN ROAD DUNBAR, PA 15431</b>		-					<b>1,960.59</b>
Account No.			<b>2007-2008 Trade Debt</b>				
<b>CPSI CLEAR DIRECTION PO BOX 850309 MOBILE, AL 36685</b>		-					<b>187,440.16</b>
Account No.			<b>2007-2008 Trade Debt</b>				
<b>CROWN SOFTWARE 186 LONELY OAKS KILLEEN, TX 76542</b>		-					<b>7,035.00</b>
Sheet no. <b>10</b> of <b>46</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>209,002.65</b>

In re **Brownsville Health Services, Inc.**

Case No. **09-20998**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B I T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I T A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.  <b>D.H. BERENTHAL &amp; SONS</b> <b>PO BOX 13527</b> <b>PITTSBURGH, PA 15243</b>		-	<b>2007-2008</b> <b>Trade Debt</b>				<b>34.56</b>
Account No.  <b>DAN TAYLOR INTERIORS, INC</b> <b>190 BILMAR DRIVE, SUITE 150</b> <b>PITTSBURGH, PA 15205</b>		-	<b>2007-2008</b> <b>Trade Debt</b>				<b>87,380.66</b>
Account No.  <b>DEFURIO MONGELL &amp; ASSOCIATES,</b> <b>INC.</b> <b>221 PITTSBURG STREET</b> <b>SCOTSDALE, PA 15683</b>		-					<b>0.00</b>
Account No.  <b>DELUXE BUSINESS CHECKS</b> <b>PO BOX 64046</b> <b>ST. PAUL, MN 55164</b>		-					<b>0.00</b>
Account No.  <b>DENNIS REFRIGERATION</b> <b>PO BOX 332</b> <b>HOPWOOD, PA 15445</b>		-	<b>2007-2008</b> <b>Trade Debt</b>				<b>313.27</b>
Subtotal (Total of this page)							<b>87,728.49</b>

Sheet no. **11** of **46** sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

In re **Brownsville Health Services, Inc.**

Case No. **09-20998**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.			2007-2008 Trade Debt				3,215.18
DIRECT SUPPLY BOX 88201 MILWAUKEE, WI 53288	-						
Account No.			2007-2008 Trade Debt				2,950.00
DISCHARGE 1-2-3 -CALLIBRA, INC. 1450 EAST AMERICAN LAND, SUITE 1400 SCHAUMBURG, IL 60173	-						
Account No.			2007-2008 Trade Debt				98.48
DISCOUNT SCHOOL SUPPLY FILE NO. 73847, PO BOX 60000 SAN FRANCISCO, CA 94160	-						
Account No.							0.00
DISKRITER, INC. 3257 WEST LIBERTY AVENUE PITTSBURGH, PA 15216	-						
Account No.			2007-2008 Trade Debt				17,398.45
DONALD CROFTCHECK TAX COLLECTOR PO BOX 795 REPUBLIC, PA 15475	-						
Subtotal (Total of this page)							23,662.11

Sheet no. 12 of 46 sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Sheet no. **12** of **46** sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims



In re **Brownsville Health Services, Inc.**

Case No. **09-20998**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W	J C				
Account No.							
<b>DUNLEVY CONSTRUCTION, INC</b> <b>20 WHEATLEY ROAD</b> <b>CHARLEROI, PA 15022</b>		-					<b>0.00</b>
Account No.							
<b>E PEOPLE HEALTH CARE, LLC</b> <b>1108 OHIO RIVER BLVD., SUITE #803</b> <b>SEWICKLEY, PA 15143</b>		-					<b>0.00</b>
Account No.							
<b>E POWERDOC, INC</b> <b>PO BOX 241642</b> <b>OMAHA, NE 68124</b>		-					<b>2,400.00</b>
Account No.							
<b>EASTERN LAND MANAGEMENT</b> <b>841 OLD NATIONAL PIKE</b> <b>BROWNSVILLE, PA 15417</b>		-					<b>7,050.00</b>
Account No.							
<b>ECOLAB</b> <b>PO BOX 905327</b> <b>CHARLOTTE, NC 28290</b>		-					<b>455.76</b>
Sheet no. <b>13</b> of <b>46</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>9,905.76</b>

In re **Brownsville Health Services, Inc.**

Case No. **09-20998**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			<b>2007-2008 Trade Debt</b>				
<b>ED &amp; MARK'S LOCKSMITH 7615 NATIONAL PIKE UNIONTOWN, PA 15401</b>		-					<b>2,771.00</b>
Account No.							
<b>ELMO'S 210 SECOND STREET BROWNSVILLE, PA 15417</b>		-					<b>0.00</b>
Account No.			<b>2007-2008 Trade Debt</b>				
<b>EMS SOUTHWEST INC. 4158 OLD WILLIAM PENN HIGHWAY MURRAYSVILLE, PA 15668</b>		-					<b>943.20</b>
Account No.			<b>2007-2008 Trade Debt</b>				
<b>ENV SERVICES TESTING &amp; CERTIFICATION, IN 2880 BERGY ROAD, SUITE K HATFIELD, PA 19440</b>		-					<b>595.00</b>
Account No.			<b>2007-2008 Trade Debt</b>				
<b>ERG -EXECUTIVE RESOURCE GROUP 2230 SUNSET BLVD. SUITE 330-148 ROCKLIN, CA 95765</b>		-					<b>13,630.00</b>
Sheet no. <b>14</b> of <b>46</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>17,939.20</b>

In re **Brownsville Health Services, Inc.**

Case No. **09-20998**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.  <b>EZ TO USE YELLOW BOOK.COM PO BOX 1433 ALTOONA, PA 16603-1433</b>		-	<b>2007-2008 Trade Debt</b>				<b>1,536.00</b>
Account No.  <b>FAVORITE HEALTHCARE STAFFING 7255 WEST 98TH TERRACE, SUITE 150, BLDG. OVERLAND PARK, KS 66212</b>		-	<b>2007-2008 Trade Debt</b>				<b>4,909.17</b>
Account No.  <b>Fayette County Tax Claim Bureau 61 East Main Street Uniontown, PA 15401</b>		-	<b>2007-2008 Trade Debt</b>				<b>1,738.68</b>
Account No.  <b>FAYETTE EMS KEITH A. SMOLK, 763 ARENSBURG RD. EAST MILLSBORO, PA 15433</b>		-	<b>2007-2008 Trade Debt</b>				<b>1,064.00</b>
Account No.  <b>FAYETTE HEATING &amp; AIR PO BOX 1093,RTE. 119 N UNIONTOWN, PA 15401</b>		-	<b>2007-2008 Trade Debt</b>				<b>1,176.00</b>
Sheet no. <b>15</b> of <b>46</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							<b>10,423.85</b>
Subtotal (Total of this page)							<b>10,423.85</b>

In re **Brownsville Health Services, Inc.**

Case No. **09-20998**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.  <b>FIRST INSURANCE FUNDING 450 SKOKIE BLVD., SUITE 1000 NORTHBROOK, IL 60062</b>		-	<b>2007-2008 Trade Debt</b>				<b>39,502.17</b>
Account No.  <b>FISHER (HEALTHCARE) SCIENTIFIC CO. LLC 4500 TURNBERRY DRIVE HANOVER PARK, IL 60133</b>		-	<b>2007-2008 Trade Debt</b>				<b>61,306.42</b>
Account No.  <b>FORD BUSINESS MACHINES 700 LAUREL DR. CONNELLSVILLE, PA 15425</b>		-	<b>2007-2008 Trade Debt</b>				<b>16,710.00</b>
Account No.  <b>FOX-CLUSS GLASS COMPANY 1205 CONNELLSVILLE ROAD PO BOX 338 LEMONT FURNACE, PA 15456</b>		-					<b>0.00</b>
Account No.  <b>FRENCH TOWEL &amp; UNIFORM 366 SOUTH MT. VERNON AVE UNIONTOWN, PA 15401</b>		-	<b>2007-2008 Trade Debt</b>				<b>501.00</b>
Sheet no. <b>16</b> of <b>46</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							<b>Subtotal (Total of this page)</b>
							<b>118,019.59</b>

In re **Brownsville Health Services, Inc.**

Case No. **09-20998**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			<b>2007-2008 Trade Debt</b>				
<b>GENERAL HEALTHCARE RESOURCES 2250 HICKORY ROAD SUITE 240 PLYMOUTH MEETING, PA 19462</b>	-						<b>14,352.00</b>
Account No.			<b>2007-2008 Trade Debt</b>				
<b>GENERAL PRODUCTS &amp; SUPPLY, INC. MURRYSVILLE BUSINESS PARK 101 TECHNOLOGY EXPORT, PA 15632</b>	-						<b>5,652.18</b>
Account No.			<b>2007-2008 Trade Debt</b>				
<b>GEORGE MARKER &amp; SONS INC PO BOX 219 MCKEESPORT, PA 15134</b>	-						<b>2,504.00</b>
Account No.			<b>2007-2008 Trade Debt</b>				
<b>GLOBAL DOSIMETRY SOLUTIONS PO BOX 19536 IRVINE, CA 92623</b>	-						<b>424.23</b>
Account No.			<b>2007-2008 Trade Debt</b>				
<b>GRAINGER 8211 BAVARIA ROAD MACEDONIA, OH 44056</b>	-						<b>797.94</b>
Sheet no. <b>17</b> of <b>46</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>23,730.35</b>

In re **Brownsville Health Services, Inc.**

Case No. **09-20998**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			<b>2007-2008 Trade Debt</b>				
<b>GRANDVIEW MEDICAL RESOURCES, INC 200 VILLANI DRIVE SUITE 3003 BRIDGEVILLE, PA 15017</b>		-					<b>2,200.00</b>
Account No.			<b>2007-2008 Trade Debt</b>				
<b>H&amp;H WATER CONTROLS, INC 565 ROUTE 88 SOUTH CARMICHAELS, PA 15320</b>		-					<b>3,636.11</b>
Account No.			<b>2007-2008 Trade Debt</b>				
<b>HC PRO PO BOX 1168 Marblehead, MA 01945-5168</b>		-					<b>289.38</b>
Account No.			<b>2007-2008 Trade Debt</b>				
<b>HEALTH CARE LOGISTICS, INC. PO BOX 25 CIRCLEVILLE, OH 43113</b>		-					<b>2,199.65</b>
Account No.			<b>2007-2008 Trade Debt</b>				
<b>HEALTHCARE CLAIMS MGT, CORP PO BOX 781269 SAN ANTONIO, TX 78278</b>		-					<b>10,795.83</b>
Sheet no. <b>18</b> of <b>46</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>19,120.97</b>

In re **Brownsville Health Services, Inc.**

Case No. **09-20998**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.				<b>2007-2008 Trade Debt</b>				
<b>HERALD-STANDARD 8-18 EAST CHURCH STREET UNIONTOWN, PA 15401</b>		-						<b>3,666.98</b>
Account No.				<b>2007-2008 Trade Debt</b>				
<b>HIGHLANDS HOSPITAL 401 EAST MURPHY AVE CONNELLSVILLE, PA 15425</b>		-						<b>3,247.80</b>
Account No.				<b>2007-2008 Trade Debt</b>				
<b>HIGHMARK BLUE SHIELD SUITE 2331, TEAM 2284, PO BOX 382146 PITTSBURGH, PA 15250</b>		-						<b>330,468.84</b>
Account No.				<b>2007-2008 Trade Debt</b>				
<b>HOBART SALES &amp; SERVICE 748-750 HIGHLAND AVE GREENSBURG, PA 15601</b>		-						<b>0.00</b>
Account No.				<b>2007-2008 Trade Debt</b>				
<b>HOSPITAL MD 200 WESTPARK DR SUITE 325 PEACHTREE CITY, GA 30269</b>		-						<b>0.00</b>

Sheet no. **19** of **46** sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) **337,383.62**

In re **Brownsville Health Services, Inc.**

Case No. **09-20998**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			<b>2007-2008 Trade Debt</b>				
<b>HOSPITAL SOLUTIONS 200 WESTPARK DR SUITE 325 PEACHTREE CITY, GA 30269</b>		-					<b>0.00</b>
Account No.			<b>2007-2008 Trade Debt</b>				
<b>HRANEC CORPORATION SHEET METAL CONTRACTO 763 ROUTE 21 UNIONTOWN, PA 15401</b>		-					<b>60,288.27</b>
Account No.			<b>2007-2008 Trade Debt</b>				
<b>IDEARC MEDIA CORPORATION ATTN. CUSTOMER SERVICE DEPT. PO BOX 6108 DFW AIRPORT, TX 75261</b>		-					<b>3,434.04</b>
Account No.			<b>2007-2008 Trade Debt</b>				
<b>INSURANCE INNOVATIONS, INC 85 MOUNTAIN VIEW STREET UNIONTOWN, PA 15401</b>		-					<b>900.00</b>
Account No.			<b>2007-2008 Trade Debt</b>				
<b>INTERMETRO INDUSTRIES CORP 651 NORTH WASHINGTON STREET WILKES-BARRE, PA 18705</b>		-					<b>2,718.84</b>
Subtotal (Total of this page)							<b>67,341.15</b>

Sheet no. **20** of **46** sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims



In re **Brownsville Health Services, Inc.**

Case No. **09-20998**

Debtor

# **SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			<b>2007-2008 Trade Debt</b>				<b>1,529,987.94</b>
<b>Internal Revenue Service Philadelphia, PA 19255</b>		-					
Account No.			<b>2007-2008 Trade Debt</b>				<b>2,486.36</b>
<b>ITXM PO BOX 3455 PITTSBURGH, PA 15230</b>		-					
Account No.			<b>2007-2008 Trade Debt</b>				<b>13,827.50</b>
<b>JOHN P VETTICA, JR. 600 COMMERCE DRIVE SUITE 601 MOON TOWNSHIP, PA 15108</b>		-					
Account No.			<b>2007-2008 Trade Debt</b>				<b>12,392.27</b>
<b>JOHNSON &amp; JOHNSON (ORTHO) ORTHO CLINICAL DIAGNOSTICS LOCKBOX 12 5972 COLLECTIONS CENTER DR. CHICAGO, IL 60693</b>		-					
Account No.			<b>2007-2008 Trade Debt</b>				<b>38,848.10</b>
<b>JOHNSON &amp; JOHNSON FINANCE CORP PO BOX 409770 ATLANTA, GA 30384</b>		-					
Sheet no. <b>21</b> of <b>46</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page) <b>1,597,542.17</b>

In re **Brownsville Health Services, Inc.**

Case No. **09-20998**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.			<b>2007-2008 Trade Debt</b>				<b>750.00</b>
<b>KB MEDICAL CONSULTING, LLC KELLY BEICKE, 353 BASSETT ROAD BAY VILLAGE, OH 44140</b>		-					
Account No.			<b>2007-2008 Trade Debt</b>				<b>1,572.00</b>
<b>KEYSTONE REHAB 2 665 PHILADELPHIA STREET INDIANA, PA 15701</b>		-					
Account No.			<b>2007-2008 Trade Debt</b>				<b>3,613.36</b>
<b>KMA REMARKING CORP 222 SOUTH JARED STREET DUBOIS, PA 15801</b>		-					
Account No.			<b>2007-2008 Trade Debt</b>				<b>761.76</b>
<b>L.M. COLKER COMPANY 2618 PENN AVENUE PITTSBURGH, PA 15222</b>		-					
Account No.			<b>2007-2008 Trade Debt</b>				<b>84,979.29</b>
<b>LAB CORP PO BOX 12140 BURLINGTON, NC 27216</b>		-					
Sheet no. <b>22</b> of <b>46</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							<b>91,676.41</b>
Subtotal (Total of this page)							<b>91,676.41</b>

In re **Brownsville Health Services, Inc.**Case No. **09-20998**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			2007-2008 Trade Debt				
LAUREL STAFFING SERVICES, INC 11 EAST PENN STREET PO BOX 877 UNIONTOWN, PA 15401	-						7,893.80
Account No.			2007-2008 Trade Debt				
LVI ENVIRONMENTAL SERVICES INC. 201 PARKWAY VIEW DRIVE PITTSBURGH, PA 15205	-						67,033.63
Account No.			2007-2008 Trade Debt				
MARIO D PICCOLOMINI CABINETRY 134 KAIDER ROAD UNIONTOWN, PA 15401	-						810.00
Account No.			2007-2008 Trade Debt				
MASTECH CONSTRUCTION & INTERIORS, INC. 101 RIVER ROAD MCKEES ROCKS, PA 15136	-						193,357.50
Account No.			2007-2008 Trade Debt				
MATT DONESEC COURIER SERVICES 151 UNION STREET UNIONTOWN, PA 15401	-						2,418.07
Sheet no. <b>23</b> of <b>46</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>271,513.00</b>

In re **Brownsville Health Services, Inc.**

Case No. **09-20998**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.				<b>2007-2008 Trade Debt</b>				
<b>MAXIM HEALTHCAR SERVICES INC. 7227 LEE DEFOREST DRIVE COLUMBIA, MD 21046</b>		-						<b>4,872.00</b>
Account No.				<b>2007-2008 Trade Debt</b>				
<b>McCLURE &amp; WOLFE CPA 538 MORGANTOWN STREET UNIONTOWN, PA 15401</b>		-						<b>13,138.87</b>
Account No.				<b>2007-2008 Trade Debt</b>				
<b>MCKNIGHT MEDICAL 11 MCKEAN AVENUE CHARLEROI, PA 15022</b>		-						<b>1,216.96</b>
Account No.				<b>2007-2008 Trade Debt</b>				
<b>MED 1 ONLINE LLC 4403 TABLE MOUNTAIN DRIVE SUITE B GOLDEN, CO 80403</b>		-						<b>881.14</b>
Account No.				<b>2007-2008 Trade Debt</b>				
<b>MEDGRADE PO BOX 3376 BARRINGTON, IL 60011</b>		-						<b>157.25</b>
Sheet no. <b>24</b> of <b>46</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims								<b>Subtotal</b> (Total of this page) <b>20,266.22</b>

In re **Brownsville Health Services, Inc.**

Case No. **09-20998**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.				<b>2007-2008 Trade Debt</b>				
<b>MEDLINE INDUSTRIES INC DEPT 1080 PO BOX 121080 DALLAS, TX 75312</b>		-						<b>58,474.80</b>
Account No.				<b>2007-2008 Trade Debt</b>				
<b>MEDPIPE PO BOX 541 LAWRENCE, PA 15055</b>		-						<b>21,959.25</b>
Account No.				<b>2007-2008 Trade Debt</b>				
<b>MEDRAD GLOBAL CENTER, 100 GLOBAL VIEW DRIVE WARRENDALE, PA 15086</b>		-						<b>1,809.84</b>
Account No.				<b>2007-2008 Trade Debt</b>				
<b>MERRY X-RAY (MXR) PITTSBURGH 1815 PARKWAY VIEW DRIVE PITTSBURGH, PA 15205</b>		-						<b>268.84</b>
Account No.				<b>2007-2008 Trade Debt</b>				
<b>METROPOLITAN TELECOMMUNICATIONS PO BOX 9660 MANCHESTER, NH 31108</b>		-						<b>0.00</b>
Sheet no. <b>25</b> of <b>46</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims								<b>82,512.73</b>
Subtotal (Total of this page)								<b>82,512.73</b>

In re **Brownsville Health Services, Inc.**

Case No. **09-20998**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.  <b>METTEL PO BOX 1056 NEW YORK, NY 10268</b>		-	<b>2007-2008 Trade Debt</b>				<b>1,908.26</b>
Account No.  <b>MILLERS CAPITAL INSURANCE 805 NORTH FRONT STREET BOX 1246 HARRISBURG, PA 17108</b>		-	<b>2007-2008 Trade Debt</b>				<b>1,859.87</b>
Account No.  <b>MOD LAUNDROMAT-ANTHONY DEFORTY 440 LOW HILL ROAD Brownsville, PA 15417-9017</b>		-	<b>2007-2008 Trade Debt</b>				<b>1,180.00</b>
Account No.  <b>MON VALLEY EMS 1001 DONNER AVENUE MONESSEN, PA 15062</b>		-	<b>2007-2008 Trade Debt</b>				<b>31.00</b>
Account No.  <b>MONGIOVI &amp; SON FIRE PROTECTION SERVICES 190 BILMAR DRIVE, SUITE 100 PITTSBURGH, PA 15205</b>		-	<b>2007-2008 Trade Debt</b>				<b>129,810.50</b>
Sheet no. <b>26</b> of <b>46</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>134,789.63</b>

In re **Brownsville Health Services, Inc.**

Case No. **09-20998**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.  <b>MONGIOVI &amp; SON PLUMBING CONTRACTOR, LP 190 BILMAR DRIVE, SUITE 100 PITTSBURGH, PA 15205</b>		-	<b>2007-2008 Trade Debt</b>				<b>156,057.35</b>
Account No.  <b>MONONGAHELA VALLEY HOSPITAL INC 1163 COUNTRY CLUB ROAD MONONGAHELA, PA 15063</b>		-	<b>2007-2008 Trade Debt</b>				<b>1,341.76</b>
Account No.  <b>NASCO FORT ATKINSON P O BOX 901 FORT ATKINSON, WI 53538</b>		-	<b>2007-2008 Trade Debt</b>				<b>158.94</b>
Account No.  <b>NFPA 11 TRACY DRIVE Avon, MA 02322-1136</b>		-	<b>2007-2008 Trade Debt</b>				<b>150.00</b>
Account No.  <b>OPPENHEIMER FUNDS ATTN. RETIREMENT PLANS PO BOX 5390 DENVER, CO 80217</b>		-	<b>2007-2008 Trade Debt</b>				<b>5,122.82</b>
Sheet no. <b>27</b> of <b>46</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>162,830.87</b>

In re **Brownsville Health Services, Inc.**

Case No. **09-20998**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.			2007-2008 Trade Debt				111,481.89
ORTHO-CLINICAL DIAGNOSTICS ORTHO CLINICAL DIAGNOSTICS LOCKBOX 12 5972 COLLECTIONS CENTER DR. CHICAGO, IL 60693		-					
Account No.			2007-2008 Trade Debt				2,117.56
PA DEPT. OF OF REVENUE PO BOX280904094 HARRISBURG, PA 17128		-					
Account No.			2007-2008 Trade Debt				352.00
PA DEPT. OF LABOR & INDUSTRY 7TH & FORRESTER STREET HARRISBURG, PA 17121		-					
Account No.			2007-2008 Trade Debt				998,846.07
Parkvale Bank 6023 National Pike East Grindstone, PA 15442		-					
Account No.			2007-2008 Trade Debt				241,076.38
PARKVALE BANK PO BOX 607 MONROEVILLE, PA 15146		-					
Subtotal (Total of this page)							<b>1,353,873.90</b>

Sheet no. **28** of **46** sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims



In re **Brownsville Health Services, Inc.**

Case No. **09-20998**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G U E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.  <b>Parkvale Bank</b> <b>PO Box 607</b> <b>Monroeville, PA 15146</b>		-	<b>2007-2008</b> <b>Trade Debt</b>				<b>49,958.20</b>
Account No.  <b>PCI MEDICAL</b> <b>PO BOX 188</b> <b>DEEP RIVER, CT 06417</b>		-	<b>2007-2008</b> <b>Trade Debt</b>				<b>1,202.62</b>
Account No.  <b>PELLIS CONSULTING INC</b> <b>1103 HARVEY AVENUE</b> <b>GREENSBURG, PA 15601</b>		-	<b>2007-2008</b> <b>Trade Debt</b>				<b>1,553.91</b>
Account No.  <b>PENN COMMONWEALTH CASUALTY</b> <b>OF AMERICA CO</b> <b>101 HILLPOINTE DRIVE SUITE 114</b> <b>CANONSBURG, PA 15317</b>		-	<b>2007-2008</b> <b>Trade Debt</b>				<b>41,556.00</b>
Account No.  <b>PENNSYLVANIA AMERICAN WATER</b> <b>PO BOX 371412</b> <b>PITTSBURGH, PA 15250</b>		-	<b>2007-2008</b> <b>Trade Debt</b>				<b>11,402.38</b>
Sheet no. <b>29</b> of <b>46</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							<b>105,673.11</b>

In re **Brownsville Health Services, Inc.**

Case No. **09-20998**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.				<b>2007-2008 Trade Debt</b>				
<b>PERNA HEALTH PHYSICS, INC. 705 AUGUSTA DRIVE BRIDGEVILLE, PA 15017</b>		-						<b>800.00</b>
Account No.				<b>2007-2008 Trade Debt</b>				
<b>PITNEY BOWES GLOBAL FINANCIAL SERVICES L PO BOX 856460 LOUISVILLE, KY 40285</b>		-						<b>3,545.55</b>
Account No.				<b>2007-2008 Trade Debt</b>				
<b>PITNEY BOWES PURCHASE POWER PO BOX 856042 LOUISVILLE, KY 40285</b>		-						<b>5,206.61</b>
Account No.				<b>2007-2008 Trade Debt</b>				
<b>PRINT PO BOX 932 BETHEL PARK, PA 15102</b>		-						<b>325.00</b>
Account No.				<b>2007-2008 Trade Debt</b>				
<b>PROGRESSIVE MEDICAL INTERNATIONAL 2460 ASH STREET VISTA, CA 92081</b>		-						<b>7,539.31</b>
Subtotal (Total of this page)								<b>17,416.47</b>

Sheet no. **30** of **46** sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

In re **Brownsville Health Services, Inc.**

Case No. **09-20998**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.				<b>2007-2008 Trade Debt</b>				
<b>PRS PHARMACY SERVICES PRS CENTER, SUITE 200, PO BOX 852 LATROBE, PA 15650</b>		-						<b>13,645.09</b>
Account No.				<b>2007-2008 Trade Debt</b>				
<b>Quill Corporation PO Box 94080 Palatine, IL 60094</b>		-						<b>237.32</b>
Account No.				<b>2007-2008 Trade Debt</b>				
<b>R &amp; D BATTERIES, INC P O BOX5007 BURNSVILLE, MN 55337</b>		-						<b>22.02</b>
Account No.				<b>2007-2008 Trade Debt</b>				
<b>RADCLIFF &amp; DEHAAS, LLP 2 WEST MAIN STREET NATIONAL CITY BLDG SU UNIONTOWN, PA 15401</b>		-						<b>4,045.00</b>
Account No.				<b>2007-2008 Trade Debt</b>				
<b>RELIABLE OFFICE SUPPLIES 8001 INNOVATION WAY CHICAGO, IL 60682</b>		-						<b>1,398.82</b>

Sheet no. **31** of **46** sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) **19,348.25**

In re **Brownsville Health Services, Inc.**

Case No. **09-20998**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.			<b>2007-2008 Trade Debt</b>				
<b>RESPIRONICS INC. PO BOX 640817 PITTSBURGH, PA 15264</b>		-					<b>671.38</b>
Account No.			<b>2007-2008 Trade Debt</b>				
<b>Robert S. Bernstein Brownsville General Hospital Plan Administrator Gulf Tower, 707 Grant Street Pittsburgh, PA 15219</b>		-					<b>0.00</b>
Account No.			<b>2007-2008 Trade Debt</b>				
<b>ROGER HARDESTY &amp; ASSOCIATES 420 MORGANTOWN STREET KINGWOOD, WV 26537</b>		-					<b>0.00</b>
Account No.			<b>2007-2008 Trade Debt</b>				
<b>ROMEO &amp; SONS 100 ROMEO LANE UNIONTOWN, PA 15401</b>		-					<b>27,436.25</b>
Account No.			<b>2007-2008 Trade Debt</b>				
<b>RUSTIC CONSTRUCTION 4633 NATIONAL PIKE MARKLEYSBURG, PA 15459</b>		-					<b>1,500.00</b>
Subtotal (Total of this page)							<b>29,607.63</b>

Sheet no. **32** of **46** sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

In re **Brownsville Health Services, Inc.**

Case No. **09-20998**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.  <b>S&amp;S WORLDWIDE PO BOX 210 HARTFORD, CT 06141</b>		-	<b>2007-2008 Trade Debt</b>				<b>760.67</b>
Account No.  <b>SAMMONS' PRESTON 1000 REMINGTON BLVD SUITE 210 BOLINGBROOK., IL 60440-5117</b>		-	<b>2007-2008 Trade Debt</b>				<b>3,565.63</b>
Account No.  <b>SANOFI PASTEUR, INC. ATTN: CUSTOMER ACCCOUNT MANAGEMENT DISCOVERY DRIVE SWIFTWATER, PA 18370-0187</b>		-	<b>2007-2008 Trade Debt</b>				<b>4,904.43</b>
Account No.  <b>SCHNEIDER'S DAIRY 726 FRANK STREET PITTSBURGH, PA 15227</b>		-	<b>2007-2008 Trade Debt</b>				<b>2,943.92</b>
Account No.  <b>SCHNEIDER'S DAIRY WASHINGTON PO BOX 644103 PITTSBURGH, PA 15264-4103</b>		-	<b>2007-2008 Trade Debt</b>				<b>0.00</b>
<div> Sheet no. <b>33</b> of <b>46</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims </div> <div> Subtotal (Total of this page) </div>							<b>12,174.65</b>

In re **Brownsville Health Services, Inc.**

Case No. **09-20998**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.  <b>SHAMROCK CHEMICAL PO BOX 53 CHARLEROI, PA 15022</b>		-	<b>2007-2008 Trade Debt</b>				<b>133.80</b>
Account No.  <b>SHAMROCK SCIENTIFIC 34 DAVIS DRIVE PO BOX 143 BELLWOOD, IL 60104</b>		-	<b>2007-2008 Trade Debt</b>				<b>1,154.00</b>
Account No.  <b>SHIPPERT MEDICALTECHNOLOGIES CORPORATION 6248 SOUTH TROY CIRCLE, UNIT A CENTENNIAL, CO 80111</b>		-	<b>2007-2008 Trade Debt</b>				<b>326.50</b>
Account No.  <b>SHRED-IT PITTSBURGH 16 COMMERCE DRIVE PITTSBURGH, PA 15239</b>		-	<b>2007-2008 Trade Debt</b>				<b>338.40</b>
Account No.  <b>SIEMENS HEALTHCARE DIAGNOSTICS INC 115 NORWOOD PARK SOUTH Norwood, MA 02062-4633</b>		-	<b>2007-2008 Trade Debt</b>				<b>28.55</b>
Sheet no. <b>34</b> of <b>46</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>1,981.25</b>

In re **Brownsville Health Services, Inc.**

Case No. **09-20998**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			<b>2007-2008 Trade Debt</b>				
<b>SIMON ROOFING &amp; SHEET METAL 70 KARAGO ROAD YOUNGSTOWN, OH 44512</b>		-					<b>59,041.00</b>
Account No.			<b>2007-2008 Trade Debt</b>				
<b>SIMPLEXGRINNELL NW 5280 PO BOX 1450 MINNEAPOLIS, MN 55485-5280</b>		-					<b>25,694.90</b>
Account No.			<b>2007-2008 Trade Debt</b>				
<b>SIMPLEXGRINNELL / TYCO DISTRICT #546 220 WEST KENSINGER DRIVE CRANBERRY TOWNSHIP, PA 16066-6415</b>		-					<b>0.00</b>
Account No.			<b>2007-2008 Trade Debt</b>				
<b>Sirchie Finger Print Laboratories 100 Hunter Place Youngsville, NC 27596</b>		-					<b>132.28</b>
Account No.			<b>2007-2008 Trade Debt</b>				
<b>SODEXHO PITTSBURGH LINEN SERVICE Attn: Mark Babuscio 304 JUMONVILLE STREET PITTSBURGH, PA 15219</b>		-					<b>16,822.86</b>
Sheet no. <b>35</b> of <b>46</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>101,691.04</b>

In re **Brownsville Health Services, Inc.**

Case No. **09-20998**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.				<b>2007-2008 Trade Debt</b>				
<b>STALEY COMMUNICATIONS, INC. PO BOX 6379 WHEELING, WV 26003</b>		-						
								<b>3,785.29</b>
Account No.				<b>2007-2008 Trade Debt</b>				
<b>STANDARD AUTO SUPPLY 600 MARKET STREET BROWNSVILLE, PA 15417</b>		-						
								<b>925.51</b>
Account No.				<b>2007-2008 Trade Debt</b>				
<b>STANDARD INSURANCE COMPANY PO BOX5676 PORTLAND, OR 97228-5676</b>		-						
								<b>21,570.20</b>
Account No.				<b>2007-2008 Trade Debt</b>				
<b>STATE CHEMICAL MANUFACTURING PO BOX 14189 CLEVELAND, OH 44194-0268</b>		-						
								<b>396.45</b>
Account No.				<b>2007-2008 Trade Debt</b>				
<b>STATEWIDE PEST CONTROL 179 JUNIOR STREET HOPWOOD, PA 15445</b>		-						
								<b>350.00</b>
Sheet no. <b>36</b> of <b>46</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims								
Subtotal (Total of this page)								<b>27,027.45</b>



In re **Brownsville Health Services, Inc.**

Case No. **09-20998**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.			<b>2007-2008 Trade Debt</b>				
<b>STERATORE SANITARY SUPPLY PO BOX 16 WASHINGTON, PA 15301</b>		-					<b>21,598.54</b>
Account No.			<b>2007-2008 Trade Debt</b>				
<b>STERICYCLE, INC. PO BOX 9001590 LOUISVILLE, KY 40290-1590</b>		-					<b>5,218.25</b>
Account No.			<b>2007-2008 Trade Debt</b>				
<b>STRYKER MEDICAL 3800 EAST CENTRE AVE PORTAGE, MI 49002</b>		-					<b>0.00</b>
Account No.			<b>2007-2008 Trade Debt</b>				
<b>STRYKER SALES CORPORATION PO BOX 93308 CHICAGO, IL 60673-3308</b>		-					<b>34,696.42</b>
Account No.			<b>2007-2008 Trade Debt</b>				
<b>SUNSET DISCOUNTS 115 BROWNSVILLE AVENUE BROWNSVILLE, PA 15417</b>		-					<b>306.86</b>
Sheet no. <b>37</b> of <b>46</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>61,820.07</b>

In re **Brownsville Health Services, Inc.**

Case No. **09-20998**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.  <b>SWRTB 1 CENNTENNIAL WAY SCOTTDAL, PA 15683</b>		-					<b>0.00</b>
Account No.  <b>TASC 2302 INTERNATIONAL LANE PO BOX 7098 MADISON, WI 53707-7098</b>		-	<b>2007-2008 Trade Debt</b>				<b>2,679.04</b>
Account No.  <b>TB&amp;A HOSPITAL TELEVISION INC 20 PINEVIEW DRIVE AMHURST, NY 14228</b>		-	<b>2007-2008 Trade Debt</b>				<b>23,800.00</b>
Account No.  <b>THE MORGAN LENS (MORTAN, INC) 329 EAST PINE STREET PO BOX 8719 MISSOULA, MT 59807</b>		-	<b>2007-2008 Trade Debt</b>				<b>429.32</b>
Account No.  <b>THE VERIFICATION GROUP PO BOX 14023 JACKSON, MS 39236</b>		-	<b>2007-2008 Trade Debt</b>				<b>12,425.01</b>
Sheet no. <b>38</b> of <b>46</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>39,333.37</b>

In re **Brownsville Health Services, Inc.**

Case No. **09-20998**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			<b>2007-2008 Trade Debt</b>				
<b>THOMPSON HEALTH CARE, INC. 6200 S SYRACUSE WAY SUITE 300 GREENWOOD VILLAGE, CO 80111-4740</b>		-					<b>958.48</b>
Account No.			<b>2007-2008 Trade Debt</b>				
<b>THROWER COMMUNICATIONS PO BOX 279 SAXONBURG, PA 16056-0279</b>		-					<b>657.20</b>
Account No.			<b>2007-2008 Trade Debt</b>				
<b>TICO ELECTRIC, INC 120 Atlantic Avenue McKeesport, PA 15132</b>		-					<b>132,413.41</b>
Account No.			<b>2007-2008 Trade Debt</b>				
<b>TIMEMED 144 TOWER DRIVE BURR RIDGE, IL 60527</b>		-					<b>2,094.85</b>
Account No.			<b>2007-2008 Trade Debt</b>				
<b>TOBEY-KARG SERVICE AGENCY, INC 4640 CAMPBELLS RUN RD PITTSBURGH, PA 15205-1382</b>		-					<b>8,916.00</b>

Sheet no. **39** of **46** sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page)

**145,039.94**

In re **Brownsville Health Services, Inc.**

Case No. **09-20998**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.  <b>TRI-COMM ALTERNATIVE SERVICES</b> <b>301 SOUTH ARCH STREET PO BOX</b> <b>305</b> <b>CONNELLVILLE, PA 15425</b>		-	<b>2007-2008</b> <b>Trade Debt</b>				<b>100.00</b>
Account No.  <b>TRI-COUNTY MECHANICAL</b> <b>SERVICES</b> <b>PO BOX 543</b> <b>BROWNSVILLE, PA 15417</b>		-	<b>2007-2008</b> <b>Trade Debt</b>				<b>432.00</b>
Account No.  <b>TRU-COPY PRINTING SERVICE</b> <b>13-15- ARCH STREET PO BOX 390</b> <b>BROWNSVILLE, PA 15417</b>		-	<b>2007-2008</b> <b>Trade Debt</b>				<b>34,352.48</b>
Account No.  <b>UNIONTOWN HOSPITAL</b> <b>500 W BERKELEY</b> <b>Uniontown, PA 15401-5514</b>		-	<b>2007-2008</b> <b>Trade Debt</b>				<b>2,395.00</b>
Account No.  <b>UNITED CONCORDIA COMPANIES</b> <b>PO BOX 827399</b> <b>PHILADELPHIA, PA 19182-7399</b>		-	<b>2007-2008</b> <b>Trade Debt</b>				<b>13,238.85</b>
Sheet no. <b>40</b> of <b>46</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>50,518.33</b>

In re **Brownsville Health Services, Inc.**

Case No. **09-20998**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			<b>2007-2008 Trade Debt</b>				
<b>UNITED REFRIGERATION 11401 ROOSEVELT BLVD. PHIALDELPHIA, PA 19154-2197</b>		-					<b>4,060.00</b>
Account No.			<b>2007-2008 Trade Debt</b>				
<b>UNITED SAFETY SERVICES INC 416 MAIN ST CARNEGIE, PA 15106-2908</b>		-					<b>690.00</b>
Account No.			<b>2007-2008 Trade Debt</b>				
<b>UNITED STATES PLASTIC CORP. 1390 NEUBRECHT RD LIMA, OH 45601-3196</b>		-					<b>86.65</b>
Account No.			<b>2007-2008 Trade Debt</b>				
<b>UNIVAR PO BOX 34325 SEATTLE, WA 98124-1325</b>		-					<b>759.56</b>
Account No.			<b>2007-2008 Trade Debt</b>				
<b>UNIVAR PITTSBURGH BUNOLA 328 BUNOLA RIVER ROAD BUNOLA, PA 15020</b>		-					<b>0.00</b>

Sheet no. **41** of **46** sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page)

**5,596.21**

In re **Brownsville Health Services, Inc.**

Case No. **09-20998**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.			<b>2007-2008 Trade Debt</b>				<b>0.00</b>
<b>UNIVAR USA INC 13009 COLLECTIONS CTR DR CHICAGO, IL 60693</b>		-					
Account No.			<b>2007-2008 Trade Debt</b>				<b>12,000.00</b>
<b>UNIVERSAL DIAGNOSTIC SOLUTIONS 101 COPPERWOOD WAY, STE A OCEANSIDE, CA 92054</b>		-					
Account No.			<b>2007-2008 Trade Debt</b>				<b>13,989.46</b>
<b>UNIVERSAL HOSPITAL SERVICES 500 BURSCA DR SUITE 501 BRIDGEVILLE, PA 15017</b>		-					
Account No.			<b>2007-2008 Trade Debt</b>				<b>26,882.16</b>
<b>UNIVERSAL MEDICAL SERVICES, INC PO BOX 986 BEVER FALLS, PA 15010</b>		-					
Account No.			<b>2007-2008 Trade Debt</b>				<b>6,200.00</b>
<b>UPMC POISON CONTROL CENTER UPMC 200 LOTHROP ST 8051 FORBES TOWERS PITTSBURGH, PA 15213</b>		-					
Sheet no. <b>42</b> of <b>46</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page) <b>59,071.62</b>

In re **Brownsville Health Services, Inc.**

Case No. **09-20998**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.			<b>2007-2008 Trade Debt</b>				
<b>US FOOD SERVICE PO BOX 643190 PITTSBURGH, PA 15264</b>		-					
							<b>14,660.84</b>
Account No.			<b>2007-2008 Trade Debt</b>				
<b>USAMOBILITY WIRELESS 350 AUTOMATION WAY BIRMINGHAM, AL 35210</b>		-					
							<b>23.50</b>
Account No.			<b>2007-2008 Trade Debt</b>				
<b>VALLEY NATIONAL GASES, LLC 1014 NATIONAL PIKE BOX 1062 UNIONTOWN, PA 15401-1062</b>		-					
							<b>19,250.97</b>
Account No.			<b>2007-2008 Trade Debt</b>				
<b>VERIZON PO BOX 4648 TRENTON, NJ 08650-4648</b>		-					
							<b>3,245.28</b>
Account No.			<b>2007-2008 Trade Debt</b>				
<b>VISION FINANCIAL GROUP 615 IRON CITY DRIVE PITTSBURGH, PA 15205</b>		-					
							<b>61,007.93</b>
Sheet no. <b>43</b> of <b>46</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							<b>98,188.52</b>

In re **Brownsville Health Services, Inc.**

Case No. **09-20998**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.  <b>VITALITY MEDICAL INC 7938 S. 3500 E. SUITE B-200 SALT LAKE CITY, UT 84121</b>		-	<b>2007-2008 Trade Debt</b>				<b>117.12</b>
Account No.  <b>WALLY CORPORATION 408 WALLY DR PO BOX BB UNIONTOWN, PA 15401</b>		-	<b>2007-2008 Trade Debt</b>				<b>872,231.21</b>
Account No.  <b>WASHINGTON HOSPITAL 155 WILSON AVE WASHINGTON, PA 15301</b>		-	<b>2007-2008 Trade Debt</b>				<b>1,301.39</b>
Account No.  <b>WELCH ALLYN CREDIT DEPARTMENT PO BOX 220 SKANEATELES FALLS, NY 13153-0220</b>		-	<b>2007-2008 Trade Debt</b>				<b>106,975.35</b>
Account No.  <b>WESCO INSURANCE COMPANY 26000 CANNON RD CLEVELAND, OH 44146</b>		-	<b>2007-2008 Trade Debt</b>				<b>175.00</b>

Sheet no. **44** of **46** sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page)

**980,800.07**



In re **Brownsville Health Services, Inc.**

Case No. **09-20998**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.  <b>West View-Cunningham Co., Inc.</b> <b>#2 Four Coins Drive</b> <b>Canonsburg, PA 15317</b>		-	<b>2007-2008</b> <b>Trade Debt</b>				<b>1,480.00</b>
Account No.  <b>WORLWIDE FINANCIAL NETWORK</b> <b>INC</b> <b>JOHN STALICK 7233 CHURCH RANCH</b> <b>WESTMINSTER, CO 80021</b>		-	<b>2007-2008</b> <b>Trade Debt</b>				<b>87,423.36</b>
Account No.  <b>WORLWIDE FINANCIAL NETWORK</b> <b>INC</b> <b>BEN BRANSON, PRES PEOPLE BANK</b> <b>&amp; TRUST</b> <b>517 WASHINTON ST</b> <b>RYAN, OK 73565</b>		-	<b>2007-2008</b> <b>Trade Debt</b>				<b>27,000.00</b>
Account No.  <b>WORLWIDE FINANCIAL NETWORK</b> <b>INC</b> <b>MAURICE I. HORIWITZ SPOUSAL</b> <b>TRUST</b> <b>370 MAIN STREET STE 925</b> <b>WORCHESTER, MA 01608</b>		-	<b>2007-2008</b> <b>Trade Debt</b>				<b>102,083.20</b>
Account No.  <b>YELLOW BOOK USA</b> <b>2560 RENAISSANCE BLVD</b> <b>KING OF PRUSSIA, PA 19406</b>		-	<b>2007-2008</b> <b>Trade Debt</b>				<b>293.87</b>

Sheet no. **45** of **46** sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page)

**218,280.43**

In re **Brownsville Health Services, Inc.**

Case No. **09-20998**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			<b>2007-2008 Trade Debt</b>				<b>1,741.00</b>
<b>ZURICH NORTH AMERICA 8712 INNOVATION WAY CHACAGO, IL 60682-0087</b>		-					
Account No.							
Account No.							
Account No.							
Account No.							

Sheet no. **46** of **46** sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page)

**1,741.00**

Total  
(Report on Summary of Schedules)

**7,635,989.90**

In re **Brownsville Health Services, Inc.**

Case No. **09-20998**

Debtor

## SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code,  
of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest.  
State whether lease is for nonresidential real property.  
State contract number of any government contract.

**BECKMAN COULTER, INC**  
**4300 N. HARBOR BLVD. PO BOX 3100**  
**FULLERTON, CA 92834**

**Various Lab Equipment**

**JOHNSON & JOHNSON FINANCE CORP**  
**PO BOX 409770**  
**ATLANTA, GA 30384**

**Various Lab Equipment**

**UNIVERSAL MEDICAL SERVICES, INC**  
**PO BOX 986**  
**BEVER FALLS, PA 15010**

**Various X-Ray Equipment**

In re **Brownsville Health Services, Inc.**

Case No. **09-20998**

Debtor

### SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

**United States Bankruptcy Court  
Western District of Pennsylvania**

In re **Brownsville Health Services, Inc.**

Debtor(s)

Case No. **09-20998**

Chapter **11**

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_ sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date \_\_\_\_\_

Signature: \_\_\_\_\_  
Debtor

Date \_\_\_\_\_

Signature: \_\_\_\_\_  
(Joint Debtor, if any)

[If joint case, both spouses must sign.]

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, the **Chairman of the Board** [the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership] of the **corporation** [corporation or partnership] named as a debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **57** sheets [total shown on summary page plus 1], and that they are true and correct to the best of my knowledge, information, and belief.

Date **March 20, 2009**

Signature: **/s/ Frank Ricco**  
**Frank Ricco**  
[Print or type name of individual signing on behalf of debtor]

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court  
Western District of Pennsylvania**

In re **Brownsville Health Services, Inc.**

Debtor(s)

Case No. **09-20998**

Chapter **11**

**STATEMENT OF FINANCIAL AFFAIRS**

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

*DEFINITIONS*

*"In business."* A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

*"Insider."* The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

**1. Income from employment or operation of business**

None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$0.00	2007 - Business was not operational until May 2008
\$12,800,000.00	2008 - Operation of Business
\$850,000.00	2009 - Operation of Business

## 2. Income other than from employment or operation of business

None ☒ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
--------	--------

## 3. Payments to creditors

None ☒ Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts.* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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None ☐ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
------------------------------	------------------------------	-----------------------------------	--------------------

See Attached Exhibit A

None ☒ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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## 4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
LVI Environmental Services, Inc. v. Brownsville Health Services	Civil	Court of Common Pleas Fayette County	Mechanics Lien
Hranec Sheet Metal, Inc. v. Brownsville Health Services	Civil	Court of Common Pleas of Fayette County	Stayed

Brownsville Health Services Corporation d.b.a Brownsville Tri-County Hospital  
Vendors/Contractors Paid From November 18, 2008 - February 18, 2009

Date	Vendor/Contractor	Amount Pd	
11/20/2008	Romeo and Sons	976.65	
11/21/2008	Hospital Solutions	6155.5	
11/20/2008	Schneider's Dairy	245.92	
11/21/2008	Ortho Clinical Diagnostics	5215.7	
11/21/2008	Hospital MD, LLC	69000	
11/24/2008	Ortho Clinical Diagnostics	15436.85	
11/21/2008	Simplex Grinnell Financial Services	4253.61	
11/20/2008	ePeople Healthcare	2000	
11/24/2008	Schneider's Dairy	225.88	
11/20/2008	St. Johns Company Inc.	1041.74	
11/20/2008	Baxter Healthcare	1678.4	
11/24/2008	U.S. Foodservice	1302.87	
11/21/2008	Hospital MD, LLC	14950	
11/20/2008	Allied Waste Services	109.01	
11/25/2008	Fisher Scientific	3441.32	
11/20/2008	Allied Waste Services	763.02	
11/25/2008	U.S. Foodservice	1992.71	
11/20/2008	U.S. Foodservice	2308	
11/20/2008	Valley National Gases	517.06	
11/24/2008	Medline Industries	5362.02	
11/24/2008	Global Dosimetry Solutions, Inc.	758.8	
12/4/2008	Corner Security	3780	
12/2/2008	Schneider's Dairy	200.18	
11/28/2008	Laboratory Corporation of America	33988.7	
11/25/2008	Pellis Consulting	2625	
11/25/2008	Baxter Healthcare	1813.46	
12/2/2008	Worldwide Financial Network	5285.28	
12/4/2008	Fisher Scientific	2968.62	
11/28/2008	Pellis Consulting	1000	
12/2/2008	Medline Industries	9644.86	NSF
12/5/2008	Hospital Solutions	9605	
12/8/2008	Ravindra Mehta, MD	6250	
11/28/2008	Sodexo Operations	2600	
12/8/2008	Mundels Furniture and Appliance Outlet	248.88	
12/8/2008	Consolidated Communications	3000	
12/10/2008	Medline Industries	6355.24	
12/5/2008	Valley National Gases	3100	
12/4/2008	U.S. Foodservice	1778.27	
12/8/2008	Statewide Pest Control	2100	
12/15/2008	Worldwide Financial Network	1406.43	
12/15/2008	Schneider's Dairy	254.54	
12/19/2008	Corner Security	3780	
12/2/2008	TimeMed	633.75	
11/28/2008	Stericycle, Inc	1894.5	
12/19/2008	Ravindra Mehta, MD	6250	
12/19/2008	Schneider's Dairy	201.74	
12/19/2008	Romeo and Sons	2407.61	



12/19/2008	First Insurance Funding	10344.17	
12/19/2008	Ortho Clinical Diagnostics	5746.18	
12/23/2008	Schneider's Dairy	221.94	
12/18/2008	Medline Industries	2437.09	
12/18/2008	Hospital MD, LLC	40000	
12/30/2008	Corner Security	3780	
12/24/2008	Standard Insurance	10551.15	
12/22/2008	Fisher Scientific	6388.19	
12/18/2009	Hospital Solutions	9605	
12/24/2008	Penn Commonwealth Casualties of America	6926	
12/29/2008	Highmark	20000	NSF
12/29/2008	Schneider's Dairy	404.74	
12/30/2008	Romeo and Sons	1423.3	NSF
12/31/2008	Worldwide Financial Network	3236.4	
1/5/2009	MOD Laundromat	700	
12/30/2008	Branson Properties	1406.43	
12/31/2008	Baxter Healthcare	2702.62	
12/31/2008	Pellis Consulting	2500	
12/31/2008	Valley National Gases	3100	
12/31/2008	Dennis Refrigeration	1821.17	
12/18/2008	Hospital MD, LLC	9490	NSF
12/18/2008	Hospital MD, LLC	43950	NSF
12/31/2008	S. Scott Gilbert Communications	2700	
12/31/2008	Simplex Grinnell Financial Services	4253.61	NSF
12/20/2008	Blout Paving	350	
12/20/2008	Eastern Land Management Corporation	600	
1/9/2009	Romeo and Sons	3206.18	
1/9/2009	Eastern Land Management Corporation	3510.98	
1/9/2009	Romeo and Sons	1423.3	
1/8/2009	S. Scott Gilbert Communications	2700	
12/24/2008	Biomerieux	2704.28	
1/9/2009	Laboratory Corporation of America	9859.81	
1/12/2009	Fisher Scientific	10000	
1/14/2009	Corner Security	3780	
1/12/2009	Worldwide Financial Network	3236.4	
1/12/2009	Standard Insurance	10043.88	
12/31/2008	Diskriter, Inc.	4000	
1/12/2009	Schneider's Dairy	264.99	
1/9/2009	Tribune Review Publishing	1326.83	
1/15/2009	First Insurance Funding	20247.82	
1/9/2009	Tribune Review Publishing	296	
1/15/2009	Romeo and Sons	3380.21	
1/13/2009	Ortho Clinical Diagnostics	5341.6	
1/13/2009	Merry X Ray (MXR) Pittsburgh	400	
1/15/2009	Penn Commonwealth Casualties of America	6926	
1/16/2009	Elmo's	682	
1/21/2009	Hospital MD, LLC	40000	
1/21/2009	Hospital MD, LLC	43950	
1/21/2009	NPS e-Recovery	46.03	
1/9/2009	Consolidated Communications	4356.74	
1/20/2009	AFLAC	6088.52	NSF
1/16/2009	Valley National Gases	3764.88	

1/5/2009	TASC	300	
1/20/2009	Schneider's Dairy	370.11	
1/16/2009	Sodexo Operations	10350.48	
1/23/2009	Romeo and Sons	1665.88	
1/16/2009	Vision Financial	1000	
1/21/2009	Standard Insurance	10043.88	
1/28/2009	Parkvale Bank	3673.52	
1/28/2009	Parkvale Bank	494.42	
1/28/2009	Parkvale Bank	1618.9	
1/29/2009	Corner Security	3780	
1/22/2009	Medline Industries	11000	NSF
1/26/2009	Schneider's Dairy	334.23	NSF
1/22/2009	Ravindra Mehta, MD	6250	
1/22/2009	Allied Waste Services	1750	
1/27/2009	Maurice Hurwitz	1343.2	NSF
1/27/2009	CPSI	415	
1/29/2009	NPS e-Recovery	30	
1/26/2009	Merry X Ray (MXR) Pittsburgh	25	
1/22/2009	Merry X Ray (MXR) Pittsburgh	170	
1/29/2009	Standard Insurance	10043.88	NSF
1/29/2009	Laboratory Corporation of America	15438.46	NSF
1/26/2009	Branson Properities	2812.86	
1/30/2009	Romeo and Sons	1803.75	
2/3/2009	Schneider's Dairy	268.34	NSF

None ☐ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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**5. Repossessions, foreclosures and returns**

None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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**6. Assignments and receiverships**

None ☐ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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None ☐ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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**7. Gifts**

None ☐ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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**8. Losses**

None ☐ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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### 9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
<b>Robert O Lampl, Attorney at Law</b> <b>960 Penn Avenue, Suite 1200</b> <b>Pittsburgh, PA 15222</b>	<b>2/09</b>	<b>\$10,000.00</b>

### 10. Other transfers

None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
None <input checked="" type="checkbox"/> b. List all property transferred by the debtor within <b>ten years</b> immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.		

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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### 11. Closed financial accounts

None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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### 12. Safe deposit boxes

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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### 13. Setoffs

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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#### 14. Property held for another person

None ☐ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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#### 15. Prior address of debtor

None ☐ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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#### 16. Spouses and Former Spouses

None ☐ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

#### 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None ☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None ☐ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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**18 . Nature, location and name of business**

None ☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
<b>Brownsville Health Services, Inc.</b>	<b>25-1532670</b>	<b>125 Simpson Road Brownsville, PA 15417</b>	<b>Hospital</b>	<b>5/22/08 - 2/12/09</b>

None ☐ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor or self-employed in a trade, profession, or other activity, either full- or part-time.

*(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

**19. Books, records and financial statements**

None ☐ a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED
<b>James Burnette 401 Camden Cope Peachtree City, GA 30269</b>	<b>5/22/08 - 1/13/09</b>
<b>Mark Reilly 7 South Mount Vernon Avenue Uniontown, PA 15401</b>	<b>5/22/08 - 2/14/09</b>
<b>Judith (Wise) Morrison 130 Hibbs Lane Uniontown, PA 15401</b>	<b>5/22/08 - 2/12/09</b>
<b>Barbara Donfec 151 Union Street Uniontown, PA 15401</b>	<b>5/22/08 - Present</b>

None ☒ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME	ADDRESS	DATES SERVICES RENDERED
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None ☐ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME	ADDRESS
<b>Mark Reilly</b>	<b>7 South Mount Vernon Avenue Uniontown, PA 15401</b>
<b>James Burnette</b>	<b>401 Camden Cope P.O. Box 2087 Peachtree City, GA 30269</b>

None ☒ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS	DATE ISSUED
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**20. Inventories**

None ☒ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
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None ☒ b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
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**21 . Current Partners, Officers, Directors and Shareholders**

None ☒ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
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None ☐ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
<b>See Attached Exhibit B</b>		

**22 . Former partners, officers, directors and shareholders**

None ☒ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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**BROWNSVILLE HEALTH SERVICES CORPORATION**

**125 Simpson Road**

**Brownsville PA 15417**

**BOARD OF DIRECTORS**

**Frank Ricco**

101 Center Street  
Brownsville PA 15417

**Bhagwan Wadhwani, MD**

114 Alkim Drive  
Brownsville PA 15401  
\*\*Resigned from BOD 2-13-09

**Nellda Ware**

1215 Second Street  
P.O. Box 165  
Hiller PA 15444

**Robert Logue**

Box 306  
Fairbank PA 15435

President: Frank Ricco  
Vice-President: Robert Logue  
Secretary/Treasurer: Nellda Ware

**Philip E. Reilly, MD**

125 Belmont Circle  
Uniontown PA 15401

**William K. Jackson**

190 Jackson Road  
New Salem PA 15468

**Raymond Koffler**

275 Linda Avenue  
Uniontown PA 15401

**Sr. James Ann Germuska**

302 Shaffner Avenue  
Brownsville PA 15417

**Janet Hayes**

Box 383  
Fairbank PA 15435



None ☐ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
<b>James Burnette</b> <b>401 Camden Cope</b> <b>P.O. Box 2087</b> <b>Peachtree City, GA 30269</b>	<b>CEO</b>	<b>1/14/09</b>
<b>Walter Wally</b> <b>127 Victoria Avenue</b> <b>P. O. Box 744</b> <b>Hopwood, PA 15445</b>	<b>CEO</b>	<b>2/16/09</b>

**23 . Withdrawals from a partnership or distributions by a corporation**

None ☐ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
<b>See Attached Exhibit C</b>		

**24. Tax Consolidation Group.**

None ☒ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)
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**25. Pension Funds.**

None ☐ If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER IDENTIFICATION NUMBER (EIN)
<b>See Attached Exhibit C</b>	

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information and belief.

Date <u><b>March 20, 2009</b></u>	Signature <u><b>/s/ Frank Ricco</b></u>
	<b>Frank Ricco</b>
	<b>Chairman of the Board</b>

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571*

## BROWNSVILLE TRI COUNTY HOSPITAL SR. EXECUTIVE SALARIES

EX. EMPLOYEE	TITLE	ANNUAL SALARY
JIM BURNETTE	C.E.O./C.F.O.	\$ 115,000.00
MARK REILLY	COMPTROLLER ASST. C.E.O.	\$ 69,000.00
JOSEPHINE FLETCHER	CHIEF CLINICAL OFFICER V.P. QUALITY AFFAIRS	\$ 85,800.00
BETTY MARCOLINI	CHIEF CLINICAL OFFICER	\$ 90,000.00
JUDITH MORRISON	DIRECTOR OF FINANCIAL SERVICES	\$ 78,000.00
MARISSA POBESK	DIRECTOR OF HUMAN RESOURCES	\$ 75,200.00
ANTHONY LIZZA	DIRECTOR FACILITIES AND PROCUREMENT	\$ 72,000.00
Walter WALLY	Interim C.E.O. paycheck bounced	\$ 4,230.77
	TOTAL SALARIES	\$ 589,230.77

OPPENHEIMER FUNDS INFORMATION  
 THE EIN # HAS TO BE REQUESTED IN WRITING BY THE BANKRUPTCY ATTORNEY OR COURT  
 THE PLAN # IS 403B THE PLAN NUMBER IS 230783. PHONE NUMBER IS 800.835.7305  
 YOU CAN SPEAK WITH DREW @ EXTENSION # 6501 FAX NUMBER IS 303.768.1500

Document Page 75 of 124  
**United States Bankruptcy Court**  
**Western District of Pennsylvania**

In re **Brownsville Health Services, Inc.**

Debtor(s)

Case No. **09-20998**Chapter **11**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	\$	<b>10,000.00</b>
Prior to the filing of this statement I have received.....	\$	<b>10,000.00</b>
Balance Due.....	\$	<b>0.00</b>

2. The source of the compensation paid to me was:

☒ Debtor      ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor      ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

**Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.**

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: **March 20, 2009**

**/s/ Robert O Lampl**

**Robert O Lampl 19809**  
**Robert O Lampl, Attorney at Law**  
**960 Penn Avenue, Suite 1200**  
**Pittsburgh, PA 15222**  
**412-392-0330 Fax: 412-392-0335**

**United States Bankruptcy Court  
Western District of Pennsylvania**

In re Brownsville Health Services, Inc.

Debtor

Case No. 09-20998

Chapter 11

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with Rule 1007(a)(3) for filing in this chapter 11 case.

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
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**None**

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the Chairman of the Board of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date March 20, 2009

Signature /s/ Frank Ricco

**Frank Ricco  
Chairman of the Board**

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C §§ 152 and 3571.

**United States Bankruptcy Court  
Western District of Pennsylvania**

In re **Brownsville Health Services, Inc.**

Debtor(s)

Case No. **09-20998**

Chapter **11**

**VERIFICATION OF CREDITOR MATRIX**

I, the Chairman of the Board of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **March 20, 2009**

**/s/ Frank Ricco**

**Frank Ricco/Chairman of the Board**  
Signer/Title

A&I SALES  
60 W. FAYETTE ST.  
UNIONTOWN, PA 15401

ABBOTT NUTRITION  
75 REMITTANCE DRIVE, SUITE 1310  
CHICAGO, IL 60675

ADVANTICOM  
1010 WESTERN AVENUE, 7TH FLOOR  
PITTSBURGH, PA 15233

AFLAC  
ATTN: REMITTANCE PROCESSING SERVICES  
1932 WYNNTON ROAD  
COLUMBUS, GA 31999

AIR CLEAN SYSTEMS  
3248 LAKE WOOD DRIVE  
RALEIGH, NC 27604

AIRTEK, INC.  
PO BOX 466  
IRWIN, PA 15642

ALL AROUND FENCE COMPANY  
7896 NATIONAL PIKE, PO B10X 1126  
UNIONTOWN, PA 15401

ALLAN'S WASTE WATER SERVICE  
1487 TOMS RUN ROAD  
HOLBROOK, PA 15341

ALLEGHENY GENERAL HOSPITAL  
320 EAST NORTH AVENUE  
PITTSBURGH, PA 15212

ALLEGHENY POWER  
800 CABIN HILL DRIVE  
GREENSBURG, PA 15606

ALLIED WASTE SERVICES  
RR #1, BOX 716, LANDFILL ROAD  
SCOTTDAL, PA 15683

AMERISOURCE BERGEN  
6305 LASALLE DRIVE  
LOCKBOURNE, OH 43137

APOTHECARE PHARMACY  
278 MCCLELLANDTOWN ROAD  
UNIONTOWN, PA 15401

ARMSTRONG MEDICAL INDUSTRIES, INC.  
575 KNIGHTSBRIDGE PARKWAY,  
PO BOX 700  
LINCOLNSHIRE IL 06069

ARROW INTERNATIONAL INC  
2400 BERNVILLE ROAD  
READING, PA 19605

ASHOK SAHAI MD  
129 SIMPSON ROAD SUITE 101  
BROWNSVILLE, PA 15417

ATLANTIC BROADBAND  
PO BOX 371801  
PITTSBURGH, PA 15250

AUTOMATED ENTRANCE SYSTEMS, INC.  
313 ARCHIE STREET  
OAKMONT, PA 15139

BASIC COMMUNICATIONS I  
598 RIDGE ROAD  
DAYTON, PA 16222

BAXTER HEALTHCARE CORP  
PO BOX 33037  
NEWARK, NJ 07188

BECKMAN COULTER, INC  
4300 N. HARBOR BLVD. PO BOX 3100  
FULLERTON, CA 92834

BELNICK, INC (BIZCHAIR)  
4350 BALL GROUND HIGHWAY  
CANTON, GA 30114

BEST PLUMBING SPECIALTIES, INC  
PO BOX 750  
MYERSVILLE, MD 21773

BIG TOP PARTY TENT RENTALS  
CHRIS MCMANUS; 154 WASHINGTON DRIVE  
FAYETTE CITY, PA 15438

BIO-RAD LABORATORIES, INC.  
CLINICAL DIAGNOSTIC GROUP, DEPT. 9740  
LOS ANGELES, CA 90084

BIOMERIEUX, INC.  
PO BOX 500308  
ST. LOUIS, MO 63150

BOILER ROOM SERVICES  
PO BOX 558  
IMPERIAL, PA 15126

BOZIC COMMUNICATIONS, INC.  
PO BOX 129  
MIDWAY, PA 15060

BRACCO DIAGNOSTICS INC  
PO BOX 532411  
ATLANTA, GA 30353

BRIGGS CORPORATION  
PO BOX 1355  
DESMOINES, IA 50306

BRIGHTPAGES.COM  
PO BOX 15132  
WILMINGTO, DE 19850-5132

Brownsville Area School District  
1025 Lewis Street  
Brownsville, PA 15417

BROWNSVILLE BOYS BASKETBALL BOOSTERS  
PO BOX 402  
REPUBLIC, PA 15475

Brownsville Bus Line  
c/o Frank Ricco  
101 Center Street  
Brownsville, PA 15417

BROWNSVILLE HARDWARE  
6027 NATIONAL PIKE  
GRINDSTONE, PA 15442

BROWNSVILLE RADIOLOGY, PC  
THREE GATEWAY CENTER, 20TH FLOOR,  
401 LIBERTY AVENUE, SUITE 2000  
PITTSBURGH, PA 15222

C & G TECHNOLOGIES  
6209 GHEENS MILL ROAD  
JEFFERSONVILLE, IN 47130

C. SCOTT GILBERT COMMUNICATIONS, LLC  
183 MAIN STREET  
BROOKVILLE, PA 15825

CALLIBRA/ INNOVATIVE PROJECTS LAB, INC.  
SUITE 1400, 1450 EAST AMERICAN LANE  
SCHAUMBURG, IL 60173



Cap College of American Pathology  
325 Waukegon Road  
Winnetka, IL 60093

CARDELLO ELECTRIC SUPPLY & LIGHTING  
701 NORTH POINT DRIVE  
PITTSBURGH, PA 15233

CARDINALHEALTH  
7000 CARDINAL PLACE, METRO #3  
DUBLIN, OH 43017

CARSTENS  
7310 W. WILSON AVENUE, PO BOX 99110  
CHICAGO, IL 60656

CENTER INDEPENDENT OIL CO.  
407 ROWES RUN ROAD  
SMOCK, PA 15480

CENTRAL BLOOD BANK OF PITTSBURGH  
PO BOX 3475  
PITTSBURGH, PA 15230

CLARITY IMAGING TECHNOLOGIES, INC.  
75 CADWELL DRIVE, SUITE A  
Springfield, MA 01104

CLIA LABORATORY PROGRAM  
PO BOX 70948  
CHARLOTTE, NC 28272

Colelction Service Center  
13551 Collections Center Drive  
Chicago, IL 60693

COLUMBIA GAS OF PA, INC.  
PO BOX 9001846  
LOUISVILLE, KY 40290

CONSOLIDATED COMMUNICATIONS  
2710 ROCHESTER ROAD  
CRANBERRY TOWNSHIP, PA 16066

CORNER SECURITY  
137 CENTER STREET  
MILLSBORO, PA 15348

CORPORATE EXPRESS, INC.  
PO BOX 71217  
CHICAGO, IL 60694

COURTESY OIL  
429 PECHIN ROAD  
DUNBAR, PA 15431

CPSI CLEAR DIRECTION  
PO BOX 850309  
MOBILE, AL 36685

CROWN SOFTWARE  
186 LONELY OAKS  
KILLEEN, TX 76542

D.H. BERENTHAL & SONS  
PO BOX 13527  
PITTSBURGH, PA 15243

DAN TAYLOR INTERIORS, INC  
190 BILMAR DRIVE, SUITE 150  
PITTSBURGH, PA 15205

DEFURIO MONGELL & ASSOCIATES, INC.  
221 PITTSBURG STREET  
SCOTTDAL, PA 15683

DELUXE BUSINESS CHECKS  
PO BOX 64046  
ST. PAUL, MN 55164

DENNIS REFRIGERATION  
PO BOX 332  
HOPWOOD, PA 15445

DIRECT SUPPLY  
BOX 88201  
MILWAUKEE, WI 53288

DISCHARGE 1-2-3 -CALLIBRA, INC.  
1450 EAST AMERICAN LAND, SUITE 1400  
SCHAUMBURG, IL 60173

DISCOUNT SCHOOL SUPPLY  
FILE NO. 73847, PO BOX 60000  
SAN FRANCISCO, CA 94160

DISKRITER, INC.  
3257 WEST LIBERTY AVENUE  
PITTSBURGH, PA 15216

DONALD CROFTCHECK TAX COLLECTOR  
PO BOX 795  
REPUBLIC, PA 15475

DUNLEVY CONSTRUCTION, INC  
20 WHEATLEY ROAD  
CHARLEROI, PA 15022

E PEOPLE HEALTH CARE, LLC  
1108 OHIO RIVER BLVD., SUITE #803  
SEWICKLEY, PA 15143

E POWERDOC, INC  
PO BOX 241642  
OMAHA, NE 68124

EASTERN LAND MANAGEMENT  
841 OLD NATIONAL PIKE  
BROWNSVILLE, PA 15417

ECOLAB  
PO BOX 905327  
CHARLOTTE, NC 28290

ED & MARK'S LOCKSMITH  
7615 NATIONAL PIKE  
UNIONTOWN, PA 15401

ELMO'S  
210 SECOND STREET  
BROWNSVILLE, PA 15417

EMS SOUTHWEST INC.  
4158 OLD WILLIAM PENN HIGHWAY  
MURRAYSVILLE, PA 15668

ENV SERVICES TESTING & CERTIFICATION, IN  
2880 BERGY ROAD, SUITE K  
HATFIELD, PA 19440

ERG -EXECUTIVE RESOURCE GROUP  
2230 SUNSET BLVD. SUITE 330-148  
ROCKLIN, CA 95765

EZ TO USE YELLOW BOOK.COM  
PO BOX 1433  
ALTOONA, PA 16603-1433

FAVORITE HEALTHCARE STAFFING  
7255 WEST 98TH TERRACE, SUITE 150, BLDG.  
OVERLAND PARK, KS 66212

Fayette County Tax Claim Bureau  
61 East Main Street  
Uniontown, PA 15401

FAYETTE EMS  
KEITH A. SMOLK, 763 ARENSBURG RD.  
EAST MILLSBORO, PA 15433

FAYETTE HEATING & AIR  
PO BOX 1093, RTE. 119 N  
UNIONTOWN, PA 15401

FIRST INSURANCE FUNDING  
450 SKOKIE BLVD., SUITE 1000  
NORTHBROOK, IL 60062

FISHER (HEALTHCARE) SCIENTIFIC CO. LLC  
4500 TURNBERRY DRIVE  
HANOVER PARK, IL 60133

FORD BUSINESS MACHINES  
700 LAUREL DR.  
CONNELLSVILLE, PA 15425

FOX-CLUSS GLASS COMPANY  
1205 CONNELLSVILLE ROAD PO BOX 338  
LEMONT FURNACE, PA 15456

FRENCH TOWEL & UNIFORM  
366 SOUTH MT. VERNON AVE  
UNIONTOWN, PA 15401

GENERAL HEALTHCARE RESOURCES  
2250 HICKORY ROAD SUITE 240  
PLYMOUTH MEETING, PA 19462

GENERAL PRODUCTS & SUPPLY, INC.  
MURRYSVILLE BUSINESS PARK 101 TECHNOLOGY  
EXPORT, PA 15632

GEORGE MARKER & SONS INC  
PO BOX 219  
MCKEESPORT, PA 15134

GLOBAL DOSIMETRY SOLUTIONS  
PO BOX 19536  
IRVINE, CA 92623

GRAINGER  
8211 BAVARIA ROAD  
MACEDONIA, OH 44056

GRANDVIEW MEDICAL RESOURCES, INC  
200 VILLANI DRIVE SUITE 3003  
BRIDGEVILLE, PA 15017

H&H WATER CONTROLS, INC  
565 ROUTE 88 SOUTH  
CARMICHAELS, PA 15320

HC PRO  
PO BOX 1168  
Marblehead, MA 01945-5168

HEALTH CARE LOGISTICS, INC.  
PO BOX 25  
CIRCLEVILLE, OH 43113

Health Care Logistics, Inc.  
PO BOX L-2412  
Columbus, OH 43260

HEALTHCARE CLAIMS MGT, CORP  
PO BOX 781269  
SAN ANTONIO, TX 78278

HERALD-STANDARD  
8-18 EAST CHURCH STREET  
UNIONTOWN, PA 15401

HIGHLANDS HOSPITAL  
401 EAST MURPHY AVE  
CONNELLSVILLE, PA 15425

HIGHMARK BLUE SHIELD  
SUITE 2331, TEAM 2284, PO BOX 382146  
PITTSBURGH, PA 15250

HOBART SALES & SERVICE  
748-750 HIGHLAND AVE  
GREENSBURG, PA 15601

HOSPITAL MD  
200 WESTPARK DR SUITE 325  
PEACHTREE CITY, GA 30269

HOSPITAL SOLUTIONS  
200 WESTPARK DR SUITE 325  
PEACHTREE CITY, GA 30269

HRANEC CORPORATION SHEET METAL CONTRACTO  
763 ROUTE 21  
UNIONTOWN, PA 15401

IDEARC MEDIA CORPORATION  
ATTN. CUSTOMER SERVICE DEPT.  
PO BOX 6108  
DFW AIRPORT, TX 75261

INSURANCE INNOVATIONS, INC  
85 MOUNTAIN VIEW STREET  
UNIONTOWN, PA 15401

INTERMETRO INDUSTRIES CORP  
651 NORTH WASHINGTON STREET  
WILKES-BARRE, PA 18705

Internal Revenue Service  
Philadelphia, PA 19255

ITXM  
PO BOX 3455  
PITTSBURGH, PA 15230

JOHN P VETTICA, JR.  
600 COMMERCE DRIVE SUITE 601  
MOON TOWNSHIP, PA 15108

JOHNSON & JOHNSON (ORTHO)  
ORTHO CLINICAL DIAGNOSTICS  
LOCKBOX 12 5972 COLLECTIONS CENTER DR.  
CHICAGO, IL 60693

JOHNSON & JOHNSON FINANCE CORP  
PO BOX 409770  
ATLANTA, GA 30384

KB MEDICAL CONSULTING, LLC KELLY BEICKE,  
353 BASSETT ROAD  
BAY VILLAGE, OH 44140

KEYSTONE REHAB 2  
665 PHILADELPHIA STREET  
INDIANA, PA 15701

KMA REMARKING CORP  
222 SOUTH JARED STREET  
DUBOIS, PA 15801

L.M. COLKER COMPANY  
2618 PENN AVENUE  
PITTSBURGH, PA 15222

LAB CORP  
PO BOX 12140  
BURLINGTON, NC 27216

LAUREL STAFFING SERVICES, INC  
11 EAST PENN STREET PO BOX 877  
UNIONTOWN, PA 15401

LVI ENVIRONMENTAL SERVICES INC.  
201 PARKWAY VIEW DRIVE  
PITTSBURGH, PA 15205

MARIO D PICCOLOMINI CABINETRY  
134 KAIDER ROAD  
UNIONTOWN, PA 15401

MASTECH CONSTRUCTION & INTERIORS, INC.  
101 RIVER ROAD  
MCKEES ROCKS, PA 15136

MATT DONESEC COURIER SERVICES  
151 UNION STREET  
UNIONTOWN, PA 15401

MAXIM HEALTHCAR SERVICES INC.  
7227 LEE DEFOREST DRIVE  
COLUMBIA, MD 21046

McCLURE & WOLFE CPA  
538 MORGANTOWN STREET  
UNIONTOWN, PA 15401

MCKNIGHT MEDICAL  
11 MCKEAN AVENUE  
CHARLEROI, PA 15022

MED 1 ONLINE LLC  
4403 TABLE MOUNTAIN DRIVE SUITE B  
GOLDEN, CO 80403

MEDGRADE  
PO BOX 3376  
BARRINGTON, IL 60011

MEDLINE INDUSTRIES INC  
DEPT 1080 PO BOX 121080  
DALLAS, TX 75312

MEDPIPE  
PO BOX 541  
LAWRENCE, PA 15055

MEDRAD  
GLOBAL CENTER, 100 GLOBAL VIEW DRIVE  
WARRENDAL, PA 15086

MERRY X-RAY (MXR) PITTSBURGH  
1815 PARKWAY VIEW DRIVE  
PITTSBURGH, PA 15205

METROPOLITAN TELECOMMUNICATIONS  
PO BOX 9660  
MANCHESTER, NH 31108

METTEL  
PO BOX 1056  
NEW YORK, NY 10268

MILLERS CAPITAL INSURANCE  
805 NORTH FRONT STREET BOX 1246  
HARRISBURG, PA 17108

MOD LAUNDROMAT-ANTHONY DEFORTY  
440 LOW HILL ROAD  
Brownsville, PA 15417-9017

MON VALLEY EMS  
1001 DONNER AVENUE  
MONESSEN, PA 15062

MONGIOVI & SON FIRE PROTECTION SERVICES  
190 BILMAR DRIVE, SUITE 100  
PITTSBURGH, PA 15205

MONGIOVI & SON PLUMBING CONTRACTOR, LP  
190 BILMAR DRIVE, SUITE 100  
PITTSBURGH, PA 15205

MONONGAHELA VALLEY HOSPITAL INC  
1163 COUNTRY CLUB ROAD  
MONONGAHELA, PA 15063

NASCO FORT ATKINSON  
P O BOX 901  
FORT ATKINSON, WI 53538

NFPA  
11 TRACY DRIVE  
Avon, MA 02322-1136

OPPENHEIMER FUNDS  
ATTN. RETIREMENT PLANS  
PO BOX 5390  
DENVER, CO 80217

ORTHO-CLINICAL DIAGNOSTICS  
ORTHO CLINICAL DIAGNOSTICS  
LOCKBOX 12 5972 COLLECTIONS CENTER DR.  
CHICAGO, IL 60693

PA DEPT. OF OF REVENUE  
PO BOX280904094  
HARRISBURG, PA 17128

PA DEPT. OF LABOR & INDUSTRY  
7TH & FORRESTER STREET  
HARRISBURG, PA 17121

Parkvale Bank  
6023 National Pike East  
Grindstone, PA 15442

PARKVALE BANK  
PO BOX 607  
MONROEVILLE, PA 15146

PCI MEDICAL  
PO BOX 188  
DEEP RIVER, CT 06417

PELLIS CONSULTING INC  
1103 HARVEY AVENUE  
GREENSBURG, PA 15601



PENN COMMONWEALTH CASUALTY OF AMERICA CO  
101 HILLPOINTE DRIVE SUITE 114  
CANONSBURG, PA 15317

PENNSYLVANIA AMERICAN WATER  
PO BOX 371412  
PITTSBURGH, PA 15250

PERNA HEALTH PHYSICS, INC.  
705 AUGUSTA DRIVE  
BRIDGEVILLE, PA 15017

PITNEY BOWES GLOBAL FINANCIAL SERVICES L  
PO BOX 856460  
LOUISVILLE, KY 40285

PITNEY BOWES PURCHASE POWER  
PO BOX 856042  
LOUISVILLE, KY 40285

Presidential Healthcare Credit Co.  
c/o Eckert Seamans Cherin & Mellott, LLC  
Peter N. Pross  
USX Tower, 44th Floor  
Pittsburgh, PA 15219

PRINT  
PO BOX 932  
BETHEL PARK, PA 15102

PROGRESSIVE MEDICAL INTERNATIONAL  
2460 ASH STREET  
VISTA, CA 92081

PRS PHARMACY SERVICES  
PRS CENTER, SUITE 200, PO BOX 852  
LATROBE, PA 15650

Quill Corporation  
PO Box 94080  
Palatine, IL 60094

R & D BATTERIES, INC  
P O BOX5007  
BURNSVILLE, MN 55337

RADCLIFF & DEHAAS, LLP  
2 WEST MAIN STREET NATIONAL CITY BLDG SU  
UNIONTOWN, PA 15401

RELIABLE OFFICE SUPPLIES  
8001 INNOVATION WAY  
CHICAGO, IL 60682

RESPIRONICS INC.  
PO BOX 640817  
PITTSBURGH, PA 15264

Robert S. Bernstein  
Brownsville General Hospital Plan  
Administrator  
Gulf Tower, 707 Grant Street  
Pittsburgh, PA 15219

ROGER HARDESTY & ASSOCIATES  
420 MORGANTOWN STREET  
KINGWOOD, WV 26537

ROMEO & SONS  
100 ROMEO LANE  
UNIONTOWN, PA 15401

RUSTIC CONSTRUCTION  
4633 NATIONAL PIKE  
MARKLEYSBURG, PA 15459

S&S WORLDWIDE  
PO BOX 210  
HARTFORD, CT 06141

SAMMONS' PRESTON  
1000 REMINGTON BLVD SUITE 210  
BOLINGBROOK., IL 60440-5117

SANOFI PASTEUR, INC.  
ATTN: CUSTOMER ACCCOUNT MANAGEMENT  
DISCOVERY DRIVE  
SWIFTWATER, PA 18370-0187

SCHNEIDER'S DAIRY  
726 FRANK STREET  
PITTSBURGH, PA 15227

SCHNEIDER'S DAIRY WASHINGTON  
PO BOX 644103  
PITTSBURGH, PA 15264-4103

SHAMROCK CHEMICAL  
PO BOX 53  
CHARLEROI, PA 15022

SHAMROCK SCIENTIFIC  
34 DAVIS DRIVE PO BOX 143  
BELLWOOD, IL 60104

SHIPPERT MEDICALTECHNOLOGIES CORPORATION  
6248 SOUTH TROY CIRCLE, UNIT A  
CENTENNIAL, CO 80111

SHRED-IT PITTSBURGH  
16 COMMERCE DRIVE  
PITTSBURGH, PA 15239

SIEMENS HEALTHCARE DIAGNOSTICS INC  
115 NORWOOD PARK SOUTH  
Norwood, MA 02062-4633

SIMON ROOFING & SHEET METAL  
70 KARAGO ROAD  
YOUNGSTOWN, OH 44512

SIMPLEXGRINNELL  
NW 5280 PO BOX 1450  
MINNEAPOLIS, MN 55485-5280

SIMPLEXGRINNELL / TYCO  
DISTRICT #546 220 WEST KENSINGER DRIVE  
CRANBERRY TOWNSHIP, PA 16066-6415

Sirchie Finger Print Laboratories  
100 Hunter Place  
Youngsville, NC 27596

SODEXHO PITTSBURGH LINEN SERVICE  
Attn: Mark Babuscio  
304 JUMONVILLE STREET  
PITTSBURGH, PA 15219

STALEY COMMUNICATIONS, INC.  
PO BOX 6379  
WHEELING, WV 26003

STANDARD AUTO SUPPLY  
600 MARKET STREET  
BROWNSVILLE, PA 15417

STANDARD INSURANCE COMPANY  
PO BOX5676  
PORTLAND, OR 97228-5676

STATE CHEMICAL MANUFACTURING  
PO BOX 14189  
CLEVELAND, OH 44194-0268

STATEWIDE PEST CONTROL  
179 JUNIOR STREET  
HOPWOOD, PA 15445

STERATORE SANITARY SUPPLY  
PO BOX 16  
WASHINGTON, PA 15301

STERICYCLE, INC.  
PO BOX 9001590  
LOUISVILLE, KY 40290-1590

STRYKER MEDICAL  
3800 EAST CENTRE AVE  
PORTAGE, MI 49002

STRYKER SALES CORPORATION  
PO BOX 93308  
CHICAGO, IL 60673-3308

SUNSET DISCOUNTS  
115 BROWNSVILLE AVENUE  
BROWNSVILLE, PA 15417

SWRTB  
1 CENNTENNIAL WAY  
SCOTTDAL, PA 15683

TASC  
2302 INTERNATIONAL LANE PO BOX 7098  
MADISON, WI 53707-7098

TB&A HOSPITAL TELEVISION INC  
20 PINEVIEW DRIVE  
AMHURST, NY 14228

THE MORGAN LENS (MORTAN, INC)  
329 EAST PINE STREET PO BOX 8719  
MISSOULA, MT 59807

THE VERIFICATION GROUP  
PO BOX 14023  
JACKSON, MS 39236

THOMPSON HEALTH CARE, INC.  
6200 S SYRACUSE WAY SUITE 300  
GREENWOOD VILLAGE, CO 80111-4740

THROWER COMMUNICATIONS  
PO BOX 279  
SAXONBURG, PA 16056-0279

TICO ELECTRIC, INC  
120 Atlantic Avenue  
McKeesport, PA 15132

TIMEMED  
144 TOWER DRIVE  
BURR RIDGE, IL 60527

TOBEY-KARG SERVICE AGENCY, INC  
4640 CAMPBELLS RUN RD  
PITTSBURGH, PA 15205-1382

TRI-COMM ALTERNATIVE SERVICES  
301 SOUTH ARCH STREET PO BOX 305  
CONNELLSVILLE, PA 15425

TRI-COUNTY MECHANICAL SERVICES  
PO BOX 543  
BROWNSVILLE, PA 15417

TRU-COPY PRINTING SERVICE  
13-15- ARCH STREET PO BOX 390  
BROWNSVILLE, PA 15417

UNIONTOWN HOSPITAL  
500 W BERKELEY  
Uniontown, PA 15401-5514

UNITED CONCORDIA COMPANIES  
PO BOX 827399  
PHILADELPHIA, PA 19182-7399

UNITED REFRIGERATION  
11401 ROOSEVELT BLVD.  
PHIALDELPHIA, PA 19154-2197

UNITED SAFETY SERVICES INC  
416 MAIN ST  
CARNEGIE, PA 15106-2908

UNITED STATES PLASTIC CORP.  
1390 NEUBRECHT RD  
LIMA, OH 45601-3196

UNIVAR  
PO BOX 34325  
SEATTLE, WA 98124-1325

UNIVAR PITTSBURGH BUNOLA  
328 BUNOLA RIVER ROAD  
BUNOLA, PA 15020

UNIVAR USA INC  
13009 COLLECTIONS CTR DR  
CHICAGO, IL 60693

UNIVERSAL DIAGNOSTIC SOLUTIONS  
101 COPPERWOOD WAY, STE A  
OCEANSIDE, CA 92054

UNIVERSAL HOSPITAL SERVICES  
500 BURSCA DR SUITE 501  
BRIDGEVILLE, PA 15017

UNIVERSAL MEDICAL SERVICES, INC  
PO BOX 986  
BEVER FALLS, PA 15010

UPMC POISON CONTROL CENTER  
UPMC 200 LOTHROP ST 8051 FORBES TOWERS  
PITTSBURGH, PA 15213

US FOOD SERVICE  
PO BOX 643190  
PITTSBURGH, PA 15264

USAMOBILITY WIRELESS  
350 AUTOMATION WAY  
BIRMINGHAM, AL 35210

VALLEY NATIONAL GASES, LLC  
1014 NATIONAL PIKE BOX 1062  
UNIONTOWN, PA 15401-1062

VERIZON  
PO BOX 4648  
TRENTON, NJ 08650-4648

VISION FINANCIAL GROUP  
615 IRON CITY DRIVE  
PITTSBURGH, PA 15205

VITALITY MEDICAL INC  
7938 S. 3500 E. SUITE B-200  
SALT LAKE CITY, UT 84121

WALLY CORPORATION  
408 WALLY DR PO BOX BB  
UNIONTOWN, PA 15401

WASHINGTON HOSPITAL  
155 WILSON AVE  
WASHINGTON, PA 15301

WELCH ALLYN  
CREDIT DEPARTMENT PO BOX 220  
SKANEATELES FALLS, NY 13153-0220

WESCO INSURANCE COMPANY  
26000 CANNON RD  
CLEVELAND, OH 44146

West View-Cunningham Co., Inc.  
#2 Four Coins Drive  
Canonsburg, PA 15317

WORLDWIDE FINANCIAL NETWORK INC  
JOHN STALICK 7233 CHURCH RANCH  
WESTMINSTER, CO 80021

WORLDWIDE FINANCIAL NETWORK INC  
BEN BRANSON, PRES PEOPLE BANK & TRUST  
517 WASHINGTON ST  
RYAN, OK 73565

WORLDWIDE FINANCIAL NETWORK INC  
MAURICE I. HORIWITZ SPOUSAL TRUST  
370 MAIN STREET STE 925  
WORCHESTER, MA 01608

YELLOW BOOK USA  
2560 RENAISSANCE BLVD  
KING OF PRUSSIA, PA 19406

ZURICH NORTH AMERICA  
8712 INNOVATION WAY  
CHACAGO, IL 60682-0087

**United States Bankruptcy Court  
Western District of Pennsylvania**

In re **Brownsville Health Services, Inc.**

Debtor(s)

Case No. **09-20998**

Chapter **11**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Brownsville Health Services, Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

**March 20, 2009**

Date

**/s/ Robert O Lampl**

**Robert O Lampl 19809**

Signature of Attorney or Litigant

Counsel for **Brownsville Health Services, Inc.**

**Robert O Lampl, Attorney at Law**

**960 Penn Avenue, Suite 1200**

**Pittsburgh, PA 15222**

**412-392-0330 Fax:412-392-0335**



# **INCOME STATEMENT**

**Brownsville Tri-County Hospital  
Income Statement Actual May thru December 2008; Proforma thru April 2009**

	2008 May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2009 Jan	Feb	Mar	Apr	Y1
<b>GROSS REVENUE</b>													
Inpatient Gross Revenue													
Out-Patient Gross Revenue													
<b>NET REVENUE</b>													
In-Patient Revenue		114	324	388	467	379	336	398	450	450	600	778	\$ 4,684
Out-Patient Revenue		286	320	335	346	338	315	336	350	350	350	350	\$ 3,678
Other Revenue		7	7	23	20	20	26	27	27	33	33	34	\$ 257
<b>Total Net Revenue</b>	\$ -	\$ 407	\$ 651	\$ 746	\$ 836	\$ 737	\$ 677	\$ 761	\$ 827	\$ 833	\$ 983	\$ 1,162	\$ 8,619
<b>Cumulative Net Revenue</b>	\$ -	\$ 407	\$ 1,058	\$ 1,804	\$ 2,639	\$ 3,376	\$ 4,053	\$ 4,814	\$ 5,641	\$ 6,474	\$ 7,457	\$ 8,619	
<b>Operating expenses</b>													
(6) Salaries and Wages		389	452	489	502	490	450	450	450	450	450	450	\$ 5,022
(7) Employee benefits (% of Salaries and Wages)		163	39	158	123	99	100	100	100	100	100	100	\$ 1,180
(8) Supplies		97	147	208	168	160	144	144	144	144	144	144	\$ 1,642
(9) Bad debt		80	80	80	80	80	80	80	80	80	80	80	\$ 880
(10) Utilities and maintenance		424	331	36	37	44	72	72	72	72	84	84	\$ 1,328
(11) Insurance		16	22	36	30	30	30	30	30	30	30	30	\$ 314
(12) Professional fees		132	66	135	139	100	100	100	100	100	100	100	\$ 1,172
(13) Purchased services		0	0	0	55	20	20	20	20	20	20	20	\$ 140
(14) Equipment		25	4	0	0	50	50	50	50	50	50	50	\$ 434
(15) Property tax		0	0	0	0	0	0	0	0	0	0	0	\$ -
(16) Other		0	0	0	10	10	10	10	10	10	10	10	\$ 70
<b>Total Operating Expenses</b>	\$ -	\$ 1,326	\$ 1,141	\$ 1,138	\$ 1,134	\$ 1,063	\$ 1,056	\$ 1,056	\$ 1,056	\$ 1,056	\$ 1,068	\$ 1,068	\$ 12,182
<b>Cumulative Operating Expenses</b>	\$ -	\$ 1,326	\$ 2,467	\$ 3,605	\$ 4,739	\$ 5,802	\$ 6,878	\$ 7,934	\$ 8,990	\$ 10,046	\$ 11,114	\$ 12,182	
<b>Operating Income</b>	\$ -	\$ (919)	\$ (490)	\$ (392)	\$ (299)	\$ (346)	\$ (379)	\$ (295)	\$ (229)	\$ (223)	\$ (85)	\$ 94	\$ (3,563)
<b>Cumulative Operating Income</b>	\$ -	\$ (919)	\$ (1,409)	\$ (1,801)	\$ (2,100)	\$ (2,446)	\$ (2,825)	\$ (3,120)	\$ (3,349)	\$ (3,572)	\$ (3,657)	\$ (3,563)	
<b>Non-operating expense</b>													
Depreciation													\$ -
Amortization													\$ -
Interest		57	18	18	19	19	21	32	20	21	21	19	\$ 265
<b>Net Income</b>	\$ -	\$ (876)	\$ (508)	\$ (410)	\$ (318)	\$ (365)	\$ (400)	\$ (327)	\$ (249)	\$ (244)	\$ (106)	\$ 75	\$ (3,828)

**NOTES/ASSUMPTIONS:**

(1) Average Daily Census (ADC)

(2) Market Share

All revenues and expenses for May adjusted to reflect less than a full month of operations with an expected opening date of May 8

(3) In-Patient Net Revenue

(4) Out-Patient Net Revenue

(5) Other Operating Revenue

(6) Salaries and Wages

(7) Employee Benefits

**ALL EXPENSES ARE BASED UPON HOSPITAL SOLUTIONS' PAST OPERATING EXPERIENCE OR ARE BUDGETS WITH REASONABLY WELL KNOWN REQUIREMENTS.**

= Acute inpatient admissions forecast for period x average 4 day stay + psychiatric admissions forecast for period x average 8 to 14 day stay divided by days in month

= 31% of population within 6 mile radius of BTH in Y1, and 44% in Y2. Community hospitals should get a minimum of 50% market share.

= \$4,000 per inpatient and psychiatric discharge. Actual inpatient net revenue per inpatient discharge at BTH before closing was \$4,800.

= Assumed to be equal to In-Patient Net Revenue except in Y1 Q1 for start-up. Typically outpatient revenue is equal to or greater for profitable hospital.

= Miscellaneous revenue from gift shop, cafeteria, sale of medical records and radiology film, gifts, grants, etc.

= Based on ADC Based staffing plans. Equivalent to approximately 40% of annual net revenue. Salaries follow revenue increases in a stair-step fashion due incremental revenue growth per individual patient and corresponding staffing costs increasing only with each additional 6 patients.

= Based on actual benefits plan in place at start-up.

# **TAX INFORMATION**

EXTENSION FORM 8868 - DUE 5/15/08

OMB No. 1545-0047

Form **990****Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**2006**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2006 calendar year, or tax year beginning **JUL 1, 2006** and ending **JUN 30, 2007****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization**BROWNSVILLE HEALTH SERVICES CORPORATION**

Number and street (or P.O. box if mail is not delivered to street address)

**125 SIMPSON ROAD**

City or town, state or country, and ZIP + 4

**BROWNSVILLE, PA 15417**

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**D** Employer identification number**25-1532670****E** Telephone number**(724) 785-8880****F** Accounting method: ☐ Cash ☒ Accrual  
☐ Other (specify) ▶**G** Website: ▶ **N/A****J** Organization type (check only one) ☒ 501(c)(3) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**H** and **I** are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ **N/A****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No (If "No," attach a list.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****M** Check ☒ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **1,786.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received:			
	<b>a</b> Contributions to donor advised funds	<b>1a</b>		
	<b>b</b> Direct public support (not included on line 1a)	<b>1b</b>		
	<b>c</b> Indirect public support (not included on line 1a)	<b>1c</b>		
	<b>d</b> Government contributions (grants) (not included on line 1a)	<b>1d</b>		
	<b>e</b> Total (add lines 1a through 1d) (cash \$ noncash \$ )	<b>1e</b>		<b>0.</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		
	<b>3</b> Membership dues and assessments	<b>3</b>		
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		
	<b>5</b> Dividends and interest from securities	<b>5</b>		
	<b>6a</b> Gross rents <b>See Statement 1</b>	<b>6a</b>	<b>1,600.</b>	
	<b>b</b> Less: rental expenses	<b>6b</b>		
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a	<b>6c</b>		<b>1,600.</b>	
<b>7</b> Other investment income (describe ▶)	<b>7</b>			
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
<b>b</b> Less: cost or other basis and sales expenses	<b>8a</b>	<b>8b</b>		
<b>c</b> Gain or (loss) (attach schedule)	<b>8c</b>			
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)	<b>8d</b>			
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
<b>a</b> Gross revenue (net including \$ of contributions reported on line 1b)	<b>9a</b>			
<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>			
<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a	<b>9c</b>			
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			
<b>b</b> Less: cost of goods sold	<b>10b</b>			
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	<b>10c</b>			
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>		<b>186.</b>	
<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>		<b>1,786.</b>	
<b>Expenses</b>	<b>13</b> Program services (from line 44, column (B))	<b>13</b>		
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>	<b>410,203.</b>	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>		
	<b>17</b> Total expenses. Add lines 16 and 44, column (A)	<b>17</b>	<b>410,203.</b>	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>	<b>&lt;408,417.&gt;</b>	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	<b>42,752.</b>	
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	<b>0.</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>	<b>&lt;365,665.&gt;</b>	

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• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

**Part II Additional (not automatic) 3-Month Extension of Time.** You must file original and one copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	BROWNSVILLE HEALTH SERVICES CORPORATION	25-1532670
	Number, street, and room or suite no. If a P.O. box, see instructions. 125 SIMPSON ROAD	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BROWNSVILLE, PA 15417	

Check type of return to be filed (File a separate application for each return):

☒ Form 990 ☐ Form 990-EZ ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 8870  
☐ Form 990-BL ☐ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• The books are in the care of ► **JUDGE FRED ADAMS**

Telephone No. ► **724-437-0920**

FAX No. ►

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **May 15, 2008**

5 For calendar year ☐ or other tax year beginning **JUL 1, 2006**, and ending **JUN 30, 2007**

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension

**Additional time required to assure accurate financial information.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► *James D. McClure*

Title ► **CPA**

Date ► **2/14/08**

**Notice to Applicant. (To Be Completed by the IRS)**

- ☐ We have approved this application. Please attach this form to the organization's return.
- ☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- ☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- ☐ Other

By: \_\_\_\_\_

Director

Date

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	McClure & Wolf, CPA's
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	538 Morgantown Street
	City or town, province or state, and country (including postal or ZIP code)
	Uniontown, PA 15401-5412

623832  
05-01-07

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**BROWNSVILLE HEALTH SERVICES CORPORATION**

**25-1532670**

Page **2**

**Part I Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	0.	0.	0.	0.
<b>25b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
<b>25c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	180,294.		180,294.	
<b>27</b> Pension plan contributions not included on lines 25a, b, and c				
<b>28</b> Employee benefits not included on lines 25a - 27				
<b>29</b> Payroll taxes	949.		949.	
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees	185.		185.	
<b>32</b> Legal fees				
<b>33</b> Supplies	551.		551.	
<b>34</b> Telephone	19.		19.	
<b>35</b> Postage and shipping				
<b>36</b> Occupancy	124,244.		124,244.	
<b>37</b> Equipment rental and maintenance	17,236.		17,236.	
<b>38</b> Printing and publications	422.		422.	
<b>39</b> Travel				
<b>40</b> Conferences, conventions, and meetings				
<b>41</b> Interest	4,758.		4,758.	
<b>42</b> Depreciation, depletion, etc. (attach schedule)				
<b>43</b> Other expenses not covered above (itemize):				
<b>a</b> <u>INSURANCE</u>	31,744.		31,744.	
<b>b</b> <u>LICENSES</u>	198.		198.	
<b>c</b> <u>MARKETING</u>	902.		902.	
<b>d</b> <u>MAINTENANCE</u>	28,426.		28,426.	
<b>e</b> <u>PROFESSIONAL</u>				
<b>f</b> <u>DEVELOPMENT</u>	190.		190.	
<b>g</b> <u>REPAIRS</u>	20,085.		20,085.	
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	410,203.	0.	410,203.	0.

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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**BROWNSVILLE HEALTH SERVICES CORPORATION**

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**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► See Statement 2

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**a THE FAMILY CARE CENTER PROVIDED 2 BOARD CERTIFIED INTERNAL MEDICINE PHYSICIANS TO SERVE ITS SURROUNDING COUNTIES. THIS SERVICE IS TEMPORARILY SUSPENDED.**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**b RE-OPENING BROWNSVILLE TRI-COUNTY HOSPITAL TO SERVE THE HEALTH CARE NEEDS OF THE RESIDENTS OF FAYETTE, GREENE, & WASHINGTON COUNTIES**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**c**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**d**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**e Other program services (attach schedule)**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**f Total of Program Service Expenses** (should equal line 44, column (B), Program services) ► **0.**

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**BROWNSVILLE HEALTH SERVICES CORPORATION**

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**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing		45 305.
	46 Savings and temporary cash investments		46
	47 a Accounts receivable	47a 650.	47c 650.
	b Less: allowance for doubtful accounts	47b	47c
	48 a Pledges receivable	48a	48c
	b Less: allowance for doubtful accounts	48b	48c
	49 Grants receivable		49
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b
	51 a Other notes and loans receivable	51a	51c
	b Less: allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges		53
	54 a Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
55 a Investments - land, buildings, and equipment: basis	55a	55c	
b Less: accumulated depreciation	55b	55c	
56 Investments - other		56	
57 a Land, buildings, and equipment: basis	57a 454,037.	57c 172,786.	
b Less: accumulated depreciation Stmt. 3	57b 281,251.	57c 172,786.	
58 Other assets, including program-related investments (describe ▶ See Statement 4)	425,000.	58 517,118.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	597,786.	59 690,859.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses		60 258.
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable Stmt. 5		64b 437,666.
	65 Other liabilities (describe ▶ See Statement 6)	555,034.	65 618,600.
66 <b>Total liabilities.</b> Add lines 60 through 65	555,034.	66 1,056,524.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	42,752.	67 <365,665.>
	68 Temporarily restricted		68
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	42,752.	73 <365,665.>
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	597,786.	74 690,859.

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**BROWNSVILLE HEALTH SERVICES CORPORATION**

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**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	N/A
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:		
<b>1</b>	Net unrealized gains on investments	<b>b1</b>	
<b>2</b>	Donated services and use of facilities	<b>b2</b>	
<b>3</b>	Recoveries of prior year grants	<b>b3</b>	
<b>4</b>	Other (specify):	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>	
<b>2</b>	Other (specify):	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	
<b>e</b>	Total revenue (Part I, line 12). Add lines <b>c</b> and <b>d</b>	<b>e</b>	

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	N/A
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:		
<b>1</b>	Donated services and use of facilities	<b>b1</b>	
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>	
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>	
<b>4</b>	Other (specify):	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>	
<b>2</b>	Other (specify):	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	
<b>e</b>	Total expenses (Part I, line 17). Add lines <b>c</b> and <b>d</b>	<b>e</b>	

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
WILLIAM JACKSON RD#1 NEW SALEM, PA 15468	BOARD MEMBER	0.50	0.	0.
FRANK RICCO PO BOX 540 BROWNSVILLE, PA 15417	CHAIRPERSON	5.00	0.	0.
NELDA WARE 1215 SECOND STREET HILLER, PA 15444	SEC-TREASURER	2.00	0.	0.
EDWARD YANKOVICH, JR 1011 FELS CHURCH ROAD BELLE VERNON, PA 15012	BOARD MEMBER	0.50	0.	0.
JUDGE FRED ADAMS 55 EAST CHURCH STREET UNIONTOWN, PA 15401	BOARD MEMBER	1.00	0.	0.
ROBERT LOGUE 606 WILLIS AVENUE NEW SALEM, PA 15468	BOARD MEMBER	0.50	0.	0.
PHILLIP REILLY, MD 7 SOUTH MT VERNON AVENUE UNIONTOWN, PA 15401	BOARD MEMBER	0.50	0.	0.
RAYMOND KOFFLER 125 SIMPSON ROAD BROWNSVILLE, PA 15417	BOARD MEMBER	0.50	0.	0.

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**BROWNSVILLE HEALTH SERVICES CORPORATION**

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**Part VII Other Information (continued)**

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82b	N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		
83b	N/A		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84b	N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
85a	N/A		
85b	N/A		
c	Dues, assessments, and similar amounts from members		
85c	N/A		
d	Section 162(e) lobbying and political expenditures		
85d	N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85e	N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85f	N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85g	N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
85h	N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
86a	N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
86b	N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
87a	N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
87b	N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	X	
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
89c	0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
89d	0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89g			
90 a	List the states with which a copy of this return is filed		
90b	None		
b	Number of employees employed in the pay period that includes March 12, 2006		
90b	0		
91 a	The books are in care of		
91a	MARK REILLY		
Telephone no.	724-785-8880		
Located at	125 SIMPSON ROAD, BROWNSVILLE, PA		
ZIP + 4	15417		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country		X
91b	N/A		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

Form 990 (2006)

Form 990 (2006)

**BROWNSVILLE HEALTH SERVICES CORPORATION**

25-1532670

Page **8**

**Part VI Other Information** (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c ☐ Yes ☒ No

If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ☐

and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property			16	1,600.	
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a OTHER					186.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		1,600.	186.
105 Total (add line 104, columns (B), (D), and (E))					1,786.

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

103 MISCELLANEOUS INCOME SUPPORTING HOSPITAL ACTIVITIES

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
See Statement 8	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Form 990 (2006)

Form 990 (2006) **BROWNSVILLE HEALTH SERVICES CORPORATION** 25-1532670 Page 9

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a						
b						
c						
<b>Totals</b>						

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a						
b						
c						
<b>Totals</b>						

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Please Sign Here	Signature of officer		Date
	Type or print name and title		
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Preparer's SSN or PTIN (See Gen. Inst. X)
<b>James A. Omonese</b> <b>McClure &amp; Wolf, CPA's</b> <b>538 Morgantown Street</b> <b>Uniontown, PA 15401-5412</b>		<b>5/14/08</b> <b>25-1284683</b> <b>724-437-2000</b>	<b>P00093475</b>

Form 990 (2006)

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions.)**

► **MUST** be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

**2006**

Name of the organization

**BROWNSVILLE HEALTH SERVICES CORPORATION**

Employer identification number

**25 1532670**

**Part I**

**Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000	0			

**Part II A**

**Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services	0	

**Part II B**

**Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services	0	

Schedule A (Form 990 or 990-EZ) 2006 **BROWNSVILLE HEALTH SERVICES CORPORATION** 25-1532670 Page 2

**Part III** Statements About Activities (See page 2 of the instructions.)

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities: \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B.)		<b>X</b>
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b> Sale, exchange, or leasing of property?		<b>X</b>
<b>b</b> Lending of money or other extension of credit?		<b>X</b>
<b>c</b> Furnishing of goods, services, or facilities?		<b>X</b>
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		<b>X</b>
<b>e</b> Transfer of any part of its income or assets?		<b>X</b>
<b>3 a</b> Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		<b>X</b>
<b>b</b> Did the organization have a section 403(b) annuity plan for its employees?		<b>X</b>
<b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		<b>X</b>
<b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		<b>X</b>
<b>4 a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		<b>X</b>
<b>b</b> Did the organization make any taxable distributions under section 4966? <b>N/A</b>		
<b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person? <b>N/A</b>		
<b>d</b> Enter the total number of donor advised funds owned at the end of the tax year		<b>0</b>
<b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		<b>0.</b>
<b>f</b> Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		<b>0.</b>
<b>g</b> Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year		<b>0.</b>

Schedule A (Form 990 or 990-EZ) 2006

Schedule A (Form 990 or 990-EZ) 2006 **BROWNSVILLE HEALTH SERVICES CORPORATION** 25-1532670 Page 3

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☒ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶**
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> <b>▶</b>					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2006



Schedule A (Form 990 or 990-EZ) 2006 **BROWNSVILLE HEALTH SERVICES CORPORATION** 25-1532670 Page 4

**Part IV A** Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. N/A  
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	0.	0.	0.	0.	0.
24 Line 23 minus line 17					
25 Enter 1% of line 23					

- 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶ 26a N/A
- b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶ 26b N/A
- c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ 26c N/A
- d Add: Amounts from column (e) for lines: 18 \_\_\_\_\_ 19 \_\_\_\_\_ 22 \_\_\_\_\_ 26b \_\_\_\_\_ ▶ 26d N/A
- e Public support (line 26c minus line 26d total) ▶ 26e N/A
- f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ 26f N/A %

- 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:  
 (2005) \_\_\_\_\_ (2004) \_\_\_\_\_ (2003) \_\_\_\_\_ (2002) \_\_\_\_\_
- b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:  
 (2005) \_\_\_\_\_ (2004) \_\_\_\_\_ (2003) \_\_\_\_\_ (2002) \_\_\_\_\_
- c Add: Amounts from column (e) for lines: 15 \_\_\_\_\_ 16 \_\_\_\_\_ 17 \_\_\_\_\_ 20 \_\_\_\_\_ 21 \_\_\_\_\_ ▶ 27c N/A
- d Add: Line 27a total \_\_\_\_\_ and line 27b total \_\_\_\_\_ ▶ 27d N/A
- e Public support (line 27c total minus line 27d total) ▶ 27e N/A
- f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ 27f N/A
- g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ 27g N/A %
- h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ 27h N/A %

- 28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Schedule A (Form 990 or 990-EZ) 2006 **BROWNSVILLE HEALTH SERVICES CORPORATION** 25-1532670 Page 5

**Part V Private School Questionnaire** (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....	31	
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff? .....	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions? .....	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges? .....	33a	
b Admissions policies? .....	33b	
c Employment of faculty or administrative staff? .....	33c	
d Scholarships or other financial assistance? .....	33d	
e Educational policies? .....	33e	
f Use of facilities? .....	33f	
g Athletic programs? .....	33g	
h Other extracurricular activities? .....	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a Does the organization receive any financial aid or assistance from a governmental agency? .....	34a	
b Has the organization's right to such aid ever been revoked or suspended? .....	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....	35	

Schedule A (Form 990 or 990-EZ) 2006

Schedule A (Form 990 or 990-EZ) 2006 **BROWNSVILLE HEALTH SERVICES CORPORATION** 25-1532670 Page 6

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ☐ a ☐ if the organization belongs to an affiliated group. Check ☐ b ☐ if you checked "a" and "limited control" provisions apply.

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying) .....	37		
38 Total lobbying expenditures (add lines 36 and 37) .....	38		
39 Other exempt purpose expenditures .....	39		
40 Total exempt purpose expenditures (add lines 38 and 39) .....	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500,000 .....	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000 .....	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000 .....	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41) .....	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	
45 Lobbying nontaxable amount .....					0.
46 Lobbying ceiling amount (150% of line 45(e)) .....					0.
47 Total lobbying expenditures .....					0.
48 Grassroots nontaxable amount .....					0.
49 Grassroots ceiling amount (150% of line 48(e)) .....					0.
50 Grassroots lobbying expenditures .....					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers .....			
b Paid staff or management (Include compensation in expenses reported on lines c through h.) .....			
c Media advertisements .....			
d Mailings to members, legislators, or the public .....			
e Publications, or published or broadcast statements .....			
f Grants to other organizations for lobbying purposes .....			
g Direct contact with legislators, their staffs, government officials, or a legislative body .....			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
i Total lobbying expenditures (Add lines e through h.) .....			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



2006 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 2

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	Program Services											
1	LAND	Varies				36,400.			36,400.			0.
2	LAND IMPROVEMENTS	Varies	VAR	20.00	16	23,524.			23,524.	23,524.		0.
3	BUILDINGS	Varies	VAR	20.00	16	274,279.			274,279.	190,597.		0.
4	BUILDING IMPROVEMENTS	Varies	VAR	10.00	16	86,725.			86,725.	36,213.		0.
5	EQUIPMENT	Varies	VAR	10.00	16	33,109.			33,109.	30,917.		0.
	* 990 Page 2 Total					454,037.		0.	454,037.	281,251.	0.	0.
	Program Services											
	* Grand Total 990 Page					454,037.		0.	454,037.	281,251.	0.	0.
	2 Depr											

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

(D) - Asset disposed

525102  
07-28-06

BROWNSVILLE HEALTH SERVICES CORPORATION

25-1532670

Form 990	Rental Income	Statement 1
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Kind and Location of Property	Activity Number	Gross Rental Income
OFFICE BUILDING, BROWNSVILLE, PA	1	1,600.
Total to Form 990, Part I, line 6a		1,600.

Form 990	Statement of Organization's Primary Exempt Purpose Part III	Statement 2
----------	--	-------------

Explanation

TO PROVIDE PRIMARY MEDICAL CARE TO A REGION WITH A HEALTHCARE SHORTAGE

Form 990	Depreciation of Assets Not Held for Investment	Statement 3
----------	--	-------------

Description	Cost or Other Basis	Accumulated Depreciation	Book Value
LAND	36,400.	0.	36,400.
LAND IMPROVEMENTS	23,524.	23,524.	0.
BUILDINGS	274,279.	190,597.	83,682.
BUILDING IMPROVEMENTS	86,725.	36,213.	50,512.
EQUIPMENT	33,109.	30,917.	2,192.
Total to Form 990, Part IV, ln 57	454,037.	281,251.	172,786.

Form 990	Other Assets	Statement 4
----------	--------------	-------------

Description	Amount
INVESTMENT-WEST POINT HEALTH CENTER	425,000.
OTHER RECEIVABLE	92,118.
Total to Form 990, Part IV, line 58, Column B	517,118.

BROWNSVILLE HEALTH SERVICES CORPORATION

25-1532670

Form 990	Other Notes and Loans Payable	Statement	5
----------	-------------------------------	-----------	---

Lender's Name	Terms of Repayment
---------------	--------------------

PARKVALE BANK	DEMAND NOTE
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Date of Note	Maturity Date	Original Loan Amount	Interest Rate
02/28/07		437,666.	8.25%

Security Provided by Borrower	Purpose of Loan
LAND & BUILDING	EQUIPMENT & RENOVATIONS

Relationship of Lender

NONE

Description of Consideration	FMV of Consideration	Balance Due
	0.	437,666.

Total included on Form 990, Part IV, line 64, Column B	437,666.
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Form 990	Other Liabilities	Statement	6
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Description	Amount
DUE TO BROWNSVILLE PROPERTY CORP	618,600.
Total to Form 990, Part IV, line 65, Column B	618,600.

Form 990	Identification of Related Organizations Part VI, Line 80b	Statement	7
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Name of Organization	Exempt	NonExempt
BROWNSVILLE PROPERTY CORPORATION	X	
BROWNSVILLE GENERAL HOSPITAL AUXILIARY	X	
WEST POINT HEALTH CORPORATION		X

BROWNSVILLE HEALTH SERVICES CORPORATION25-1532670

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Form 990	Part IX - Information Regarding Taxable Subsidiaries and Disregarded Entities	Statement 8
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Name of Corporation, Partnership or Disregarded Entity

WEST POINT HEALTH CORPORATION

Address

125 SIMPSON ROAD, BROWNSVILLE, PA 15417

<u>Employer ID Number</u>	<u>Percent Owned</u>	<u>Nature of Activities</u>	<u>Total Income</u>	<u>End-of-Year Assets</u>
25-1532672	100.00%	PHYSICIAN OFFICE BUILDING		



# **BALANCE SHEET**

Brownsville Tri-County Hospital  
Balance Sheet  
Dollars in (\$000s)

	Current Book Value of Facility	December 2008	Estimated Value of Facility	December 2008
<b>ASSETS</b>				

<b>Current Assets</b>				
Cash	\$	45	\$	45
Net Accounts Receivable	\$	2,326	\$	2,326
<b>Total Current Assets</b>	\$	2,371	\$	2,371

<b>Fixed Assets</b>				
Land and Building	\$	5,537	Note 1	\$ 8,000
	\$	7,908		\$ 10,371

**TOTAL ASSETS**

**LIABILITIES & EQUITY**

<b>Liabilities</b>				
<b>Current Liabilities</b>				
Facility Improvements	\$	1,000	Note 2	\$ 1,000
Parkvale	\$	1,298	Note 3	\$ 1,298
Unpaid taxes	\$	1,257		\$ 1,257
Mental Health grant	\$	1,400		\$ 1,400
Bankruptcy	\$	2,100		\$ 2,100
Accounts Payable	\$	1,800		\$ 1,800
<b>Total Current Liabilities</b>	\$	8,855		\$ 8,855

<b>Long Term Liabilities</b>				
Facility Improvements	\$	600	Note 2	\$ 600
Receivable Based Lender	\$	1,750		\$ 1,750
<b>Total Long Term Liabilities</b>	\$	2,350		\$ 2,350

<b>Total Liabilities</b>	\$	11,205		\$ 11,205
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<b>Equity/Retained Earnings</b>	\$	(3,297)		\$ (834)
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<b>TOTAL LIABILITIES &amp; EQUITY</b>	\$	7,908		\$ 10,371
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Note 1: Facility valued at previous depreciated (book value), not market valued which is estimated at \$8M and therefore no depreciation taken in this pro forma.  
 Note 2: Note that the book value has been increased to recognize the facility improvement projects with a value of approximately \$2.0M.  
 Note 3: Facility Improvement Projects have been financed over 24 months  
 Note 3: Renewable one year loan with interest payments only for 2 years

Emergency Room	% of ER A/R	A/R > 90 days	% of Total A/R
1	100	100	100
2	100	100	100
3	100	100	100
4	100	100	100
5	100	100	100
6	100	100	100
7	100	100	100
8	100	100	100
9	100	100	100
10	100	100	100
11	100	100	100
12	100	100	100
13	100	100	100
14	100	100	100
15	100	100	100
16	100	100	100
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18	100	100	100
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91	100	100	100
92	100	100	100
93	100	100	100
94	100	100	100
95	100	100	100
96	100	100	100
97</			

Medicare	1,185,306	60.7%	369,905	204,134	144,264	210,147	89,355	110,548	59,853
Medicaid	482,433	24.7%	118,453	168,822	38,098	81,271	46,012	18,083	11,695
Blue Cross	19,365	1.0%		839	-		7,680	9,822	1,024
Commercial	99,217	5.1%	9,299	14,208	13,276	21,876	8,533	1,024	3,002
Private Pay	165,538	8.5%	(22,086)	20,331	10,753	20,916	60,738	65,288	9,598
Psychiatric	1,951,859		475,571	408,333	203,390	334,210	212,318	204,765	113,272
% of Psych A/R			24.4%	20.9%	10.4%	17.1%	10.9%	10.5%	5.8%
A/R > 90 days		44.3%							
% of Total A/R		36.0%							

	A/R < 90 days	A/R > 90 days	% of Total A/R
Medicare	227,303	13.5%	
Medicaid	396,936	23.5%	
Blue Cross	123,828	7.3%	
Commercial	206,122	12.2%	
Private Pay	734,835	43.5%	
Emergency Room	1,689,024		
% of ER A/R	53.0%		
A/R > 90 days	31.2%		

5,415,714

**Brownsville Health Services Corporation**  
**d/b/a Brownsville Tri-County Hospital**  
**Accounts Receivable as of January 14, 2009**

Total A/R 5,415,713.53

**A/R by Payer**

Medicare	883,189
Medicaid	239,116
Blue Cross	144,724
Commercial	92,520
Private Pay	104,632
<b>Total</b>	<b>1,464,181</b>

A/R greater than 90 days 44.4%  
A/R greater than 60 days 54.8%

Accounts Receivable Balance  
Days in Gross A/R  
(Using 3 month rolling average for daily revenue)

	0-30 Days	31-60 Days	61-90 Days	91-120 Days	121-150 Days	151-180 Days	>180 Days	
	1,464,180.91	983,293.61	561,879.35	675,551.64	597,705.69	556,887.37	576,214.99	
	27.0%	18.2%	10.4%	12.5%	11.0%	10.3%	10.6%	
<b>Total A/R</b>	<b>2,522,391</b>	<b>1,034,471</b>	<b>370,982</b>	<b>565,124</b>	<b>922,746</b>	<b>17.0%</b>		

	July	Aug	Sept	Oct	Nov	Dec	Jan
	3,332,163	5,303,377	6,505,389	6,111,875	6,121,892	5,609,687	5,415,714
	90	115	110	100	102	98	94

**Components of A/R**

Not coded by Medical Records

375,131.30

Billed but Unpaid

3,857,085.30

Private Pay

1,063,538.94

Unbilled Insurance

1,283,163.32

This information was taken from various reports found in the CPSI system. Judy Morrison and I talked with a representative from CPSI who told us we could not get a breakdown of A/R other than the one provided above that would tie to the total A/R. As can be seen from the descriptions below, individual claims could be found on multiple lists.

This includes \$196,592.59 of inhouse charges/claims  
I did a review of the listing and found 7 claims from December, the balance of the claims are from January, 2009

The aging on this report indicates that approx. 80% of the dollars are in a "Current" category which probably indicates they have been rebilled or handled in some manner to reset the bill date

This listing includes charges for patients identified as self pay upon admission as well as patient liability not covered by a third party payer

This listing is basically a worklist that the system utilizes to track the status of insurance claims. Claims first hit this list when three things occur:

1. discharge date is entered
2. finalized date is entered which indicates that all charges have been input
3. medical records has entered diagnosis and relative coding